CHAPTER 5.1
Inmate Co-payment for Health Care Services (E)

I. POLICY

The California Department of Corrections and Rehabilitation (CDCR), its agents, and the Division of Correctional Health Care Services, shall adhere to the requirements set forth in *California Code of Regulations* Title 15, Article 8, Section 3354.2 "Inmate Co-payment for Health Care Services." In accordance with those requirements, inmates shall be charged a five dollar ($5.00) co-payment fee for each inmate-initiated health visit.

II. PURPOSE

To establish procedures and guidelines for determining and implementing the mandated co-payment per the following definitions:

"Inmate Initiated" is defined as treatment sought by an inmate through CDCR staff, or a condition that is reported, on behalf of an inmate, to health care staff for consultation and/or treatment without the inmate having first been contacted or scheduled for treatment by health care staff.

"Health Care Services" is defined as medical, mental health, dental, pharmaceutical, diagnostic, and ancillary services provided to inmate-patients to identify, diagnose, evaluate, and treat a medical, psychiatric, or dental condition.

"Health Care Staff" is defined as those persons licensed by the State of California to provide health care services who are either employed by CDCR, or are under contract with CDCR, to provide health care services to inmates.

III. PROCEDURE

A. All inmates shall initiate their health care visits by submitting a CDCR Form 7362 *Health Care Services Request* and shall be provided an opportunity to report an illness or any other health problem. The CDCR Form 7362 shall be available to inmate-patients in the housing units, clinics, Reception Center (RC), and from Health Care (HC) staff. The CDCR Form 7362 is a confidential medical document used to assess the priority of the request and to access the appropriate discipline or provider. Inmate-patients shall receive an evaluation of the condition as well as medically necessary treatment and follow-up treatment by CDCR health care staff.

B. Inmates shall pay a co-payment fee of five dollars ($5.00) for each inmate-initiated health care visit. The co-payment fee for each inmate-initiated dental visit shall:

1. Cover the evaluation, assessment, and medically necessary treatment of the condition, including follow-up services that relate to the initial condition and that are determined by health care staff to be necessary.
2. Be charged to the trust account of the inmate. Inmates without sufficient funds at the time of the charge, and who remain without sufficient funds for 30 days after the date of the charge, shall not be charged for any remaining balance of the co-payment fee.
3. Be waived for the following:
   a. Emergencies – any medical or dental condition that, as determined by health care staff, requires immediate evaluation and therapy to prevent death, severe or permanent disability, or to alleviate or lessen objectively apparent and disabling pain. Signs of objectively apparent and disabling pain may include, but are not limited to, visible injuries, high blood pressure, rapid heart rate, sweating, pallor, involuntary muscle spasms, nausea and vomiting, high fever, and facial swelling. Emergencies also include, as determined by health care staff, necessary crisis intervention for inmates suffering from situational crises or acute episodes of mental illness.
   b. Diagnosis and treatment of communicable disease conditions as outlined in Title 17, Chapter 4, Subchapter 1, Section 2500 of the *California Code of Regulations*, including Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS).
   c. Diagnosis and necessary mental health treatment for which there is a clinical determination of mental illness.
   d. Follow-up health care services defined as any request or recommendation by a member of the health care staff to provide subsequent needed health care services.
   e. Health care services necessary to comply with state law and/or regulations that shall include, but not be limited to, annual testing for tuberculosis and mandated examinations.
   f. Reception Center (RC) health screening and evaluations.
   g. Inpatient services, extended care, or skilled nursing service.

C. All inmates shall be charged a co-payment for dental services on a per visit basis. The $5.00 co-payment program shall not affect the amount of services provided during each dental visit. If more than one dental visit is needed to complete an inmate's dental treatment on a specific tooth, and the subsequent visit is NOT related to the initial procedure, the subsequent visit shall also be charged a co-payment fee.
   1. Dental services provided in accordance with a prescribed dental treatment plan are not to be considered as a follow-up dental visit.
   2. Dental procedures considered as follow-up dental visits, which are not charged a co-payment include, but are not limited to:
      a. Suture removals.

b. Post-operative dental procedures of any type, as long as the procedures are initiated by the dentist and documented in the progress notes indicating the need for the return visit.

c. Denture adjustments following the delivery of a new or repaired denture.

d. Postponement of any dental procedure that the dentist believes is clinically necessary.

e. Any visit initiated by a health care staff member.

3. Processing of CDCR Form 7362:

a. Ensure that the form is signed by the dental provider.

b. Ensure that the inmate-patient is given the yellow copy.

c. Send the pink copy to the Inmate Trust Office for payment deduction from the inmate's trust account if there is a charge for the visit.

d. Place original(s) in the dental section of the Unit Health Record.

Chapter 5.2
Priority Health Care Services Ducat Utilization (E)

I. POLICY

The California Department of Corrections and Rehabilitation (CDCR) shall develop and utilize a system of priority ducats to provide inmates timely access to dental care.

II. PURPOSE

To develop a process that provides all inmates with access to dental care through the successful implementation of a dental ducat delivery process within CDCR.

These procedures shall be used to establish a method of distributing and delivering of dental ducats that:

- Provides inmates with timely access to dental care.
- Provides a system of accountability for the distribution and delivery of dental ducats.
- Provides a process for documenting and processing an inmate-patient's refusal or failure to report for scheduled dental appointments.

III. PROCEDURES

General Requirements

A. Each institution shall establish procedures that document the processing and delivery of dental ducats. These procedures shall include:

1. A written methodology for the distribution of ducats within the institution, which shall include instructions that, upon receipt, the facility or program unit custodial supervisor or designated custodial staff shall be responsible for delivering the ducats to the inmates in a timely manner, in accordance with the correctional facility's operational procedures. The office technician (OT), dental assistant, or designee, under the direction of the dentist, shall prepare the dental care ducat lists for dental appointments no later than one day prior to the scheduled visit. Inmate-patients scheduled for dental appointments shall be ducated at designated intervals.
2. A written methodology for documenting the delivery of the dental ducats to the inmates. Inmate-patients shall receive a ducat prior to their scheduled appointment, and shall arrive at the clinic at the specified time on the ducat.
3. A written methodology for re-routing dental ducats to inmates who have received intra-facility bed/cell moves, which ensures that inmates will receive the ducats with sufficient time to report for scheduled appointments.
4. Development Disability Program/Disability Placement Program designated inmates shall be given specific instructions concerning the time and location of their

scheduled appointment(s). Custody staff delivering the ducats to such designated inmates shall utilize effective forms of communication to ensure that the inmate(s) arrive at the designated appointment location.

5. A notation that Health Care Services ducats shall be treated as Priority ducats and be of a separate and distinct color from the other ducats, (e.g., not goldenrod or green). For the purpose of this policy, priority ducats indicate dental necessity.
6. The inmate-patient is responsible to report to the dental appointment as indicated on the priority health care ducat.
7. Custody staff shall deliver priority health care ducats to inmate-patients prior to his/her scheduled dental appointment.
8. The custody officer shall instruct the inmate-patient to report to the dental appointment as indicated on the ducat.

B. Dental Ducat Cancellation or Rescheduling

1. In the event an inmate-patient informs the Correctional Officer (CO) delivering the ducat that he/she wishes to cancel or reschedule his/her appointment, the CO shall attempt to determine the inmate's reason for canceling or rescheduling the appointment.
2. Upon completion of ducat distribution and delivery, the custody supervisor shall inform the Chief Dentist (CD), dentist, or designee, of the inmate-patient's cancellation or request for rescheduling an appointment and his/her stated reason for doing so. The inmate-patient's cancellation or request for rescheduling an appointment will be regarded as an intentional failure to report and is subject to the provisions outlined in Section III.C.3 of this policy.

C. Failure to Report for Dental Ducats

1. If an inmate-patient has not cancelled a scheduled dental appointment but fails to report for the appointment, the dental assistant (DA) or OT shall immediately contact the designated custody supervisor. If the DA or OT is not available then the dentist shall immediately contact the designated custody supervisor.
2. *Unintentional Failure:*

- If it is determined that the inmate-patient failed to report for reasons beyond his or her control, the matter shall be referred to the CD, who shall seek to ensure that corrective measures are taken.
- The dentist, or designee, shall reschedule the inmate-patient, and record the new appointment in the Daily Dental Treatment/Appointment Log (DDTAL), (Reference: Chapter 5.3 *Recording and Scheduling Dental Patient Visits*). If an inmate-patient unintentionally fails a dental appointment, then the dentist shall see the inmate-patient within the following 24 hours for a Priority 1A dental need. For all other dental priority needs, the dentist shall see the inmate-patient within 35 calendar days following the unintentional failure. If an inmate-patient unintentionally fails a dental triage, then the inmate-patient shall be seen by a

dentist for a dental triage within the following 72 hours, excluding weekends and holidays.

- The DA or OT shall document the reason for the inmate-patient's failure to report to the scheduled appointment, as well as the date, and time, of the rescheduled appointment on the CDCR Form 237 C *Dental Progress Notes* or the CDCR Form 237 C-1 *Supplemental to Dental Progress Notes*. Upon completion, the DA or OT shall file either the CDCR Form 237 C or 237 C-1 in the dental section of the inmate-patient's Unit Health Record (UHR).

3. *Intentional Failure:*

   - If it is determined that the failure to report was intentional on the part of the inmate-patient, then the dentist, or designated DA or OT shall request that the inmate-patient be sent or escorted to the dental clinic. If the inmate-patient refuses to go to the dental clinic, then the custody staff shall notify the dentist, or designated DA or OT. The dentist shall record the intentional failure to report as a refusal on the CDCR Form 237 C or C-1, and complete a CDCR Form 7225, *Refusal of Treatment*. The dentist, or designee, shall file both forms in the dental section of the inmate-patient's UHR. The dentist, or designee, shall also document the failed appointment in the Daily Dental Treatment/Appointment Log (DDTAL), (Reference: Chapter 5.3 *Recording and Scheduling Dental Visits*).

   - In the event licensed dental staff, (i.e., the Primary Care Provider, (PCP), the staff who initiated the ducat, an outside consultant etc.), have concerns related to the effect of the cancellation or postponement on the inmate-patient's health, a face-to-face interview and counseling session will occur with the inmate-patient. This interview shall include counseling the inmate-patient about any risk involved in canceling or postponing the clinic visit. The inmate-patient interview and counseling shall be documented on either a CDCR Form 237 C or 237 C-1 and the form filed in the dental section of the inmate-patient's UHR. If the inmate-patient refuses the face-to-face interview and counseling session, then the dentist shall record this refusal as indicated previously in this policy Section III.C.3.

   - The inmate-patient shall be required to submit a CDCR Form 7362 *Request for Medical/Dental Services* in order to access future dental care.

4. Dental staff and/or custodial staff, as appropriate, shall initiate progressive inmate disciplinary action, as necessary, based on the factors of the inmate-patient's failure to report, (Refer to *California Code of Regulations*, Title 15, Section 3312).

Chapter 5.3
Recording and Scheduling Dental Visits (E)

I. POLICY

All inmate-patient requests for dental treatment, via the California Department of Corrections and Rehabilitation (CDCR) Form 7362 *Request for Medical/Dental Services,* shall be recorded on the CDCR Form 7433 Request for Dental Treatment Log (RDTL) and scheduled on the CDCR Form 7434 Daily Dental Treatment/Appointment Log (DDTAL). The Chief Dentist (CD) shall maintain a file and keep all records of the RDTL and the DDTAL for a period of five years.

II. PURPOSE

To standardize the recording and scheduling of dental inmate-patients visits.

III. PROCEDURE

The CDCR Form 7433 RDTL

A. The RDTL is used for recording inmate-patient requests for dental treatment via the CDCR Form 7362 *Request for Medical/Dental Services,* and scheduling dental triages.

1. All inmate-patients shall be scheduled in advance, based on treatment priority, on an equal basis and after having met oral self-care and length of incarceration eligibility requirements. The office technician (OT), dental assistant, or designee, under the direction of the dentist, shall prepare the dental care ducat lists for dental appointments no later than one day prior to the scheduled visit. Inmate-patients scheduled for dental appointments shall be ducated at designated intervals. Inmate-patients shall receive a ducat prior to their scheduled appointment, and shall arrive at the clinic at the specified time on the ducat.

2. Inmate-patients with routine rehabilitative treatment needs, (i.e., Priority 3 needs), normally shall not be seen ahead of scheduled inmate-patients. Exceptions would include inmate-patients who need to be scheduled for post-operative/follow-up care, or inmate-patients who had a previous Routine Rehabilitative (Priority 3) appointment canceled by the clinic.

3. The dentist, or designee, shall record each request for dental services via a CDCR Form 7362 in the RDTL. A CDCR dentist shall review, initial, date, and indicate the dental priority classification on each CDCR Form 7362, within one day, with the exception of weekends and holidays, of the dental clinic's receipt of CDCR Form 7362. The dentist, or designee, upon completing the review, shall schedule a dental triage based on the urgency of the request. Inmate-patients who indicate Priority 1 dental needs shall be seen for a dental triage within 72 hours, excluding weekends and holidays, of the dental clinic staff receiving the CDCR Form 7362. All other inmate-patients shall be seen for a dental triage within ten days, with the exception of weekends and holidays, after the receipt of the CDCR Form 7362 in the dental clinic.

4. If an inmate-patient fails to appear for a dental triage, then the dentist, or designee, shall follow the policy for "Failure to Report for Dental Ducats" as outlined in Chapter 5.2 *Priority Health Care Services Ducat Utilization* Section III.C.
5. If an inmate-patient's dental triage is cancelled by the dental clinic, then the inmate-patient shall be seen by a dentist within the following 72 hours, excluding weekends and holidays.

The CDCR Form 7434 DDTAL

B. The DDTAL is used for recording daily inmate-patient dental visits.

1. The dentist, or designee, shall be responsible for entering the treatment provided to the inmate-patient in the *Treatment/Disposition* column. The dentist, or designee, is also responsible for documenting the current disposition of each inmate-patient. There shall be no blanks left in this column at the end of the day.
2. For inmate-patients with a dental treatment Priority 1 or Priority 2, as recorded in the *Dental Priority After Appointment* column, the dentist shall ask the inmate-patient, at the end of the appointment, if he or she would like to initiate another request for dental services via the CDCR Form 7362.

   If the inmate-patient wishes to request another dental appointment, then he or she shall complete and submit another CDCR Form 7362 at the end of the dental appointment. At this time, the dentist shall initial, date, and record the dental priority classification on the CDCR Form 7362 and the dentist, or designee, shall schedule these inmate-patients for the next available appointment for the inmate-patient's indicated dental priority. This step is considered as the dental triage in calculating dental treatment priority timeframes. The dentist, or designee, shall enter the inmate-patient's next appointment date in the *Date of Next Appointment* column. These inmate-patients shall be assessed a co-payment at the following appointment, subject to provisions as outlined in Chapter 5.1 *Inmate Co-payment*, (Authority: Title 15, Section 3354.2). The dentist, or designee, shall file the CDCR Form 7362 in the dental section of the inmate-patient's Unit Health Record (UHR).

   If the inmate-patient refuses to request dental services via the CDCR Form 7362 at the end of the dental appointment, then the dentist shall record the refusal on the CDCR Form 237 C *Dental Progress Notes* or the CDCR Form 237 C-1 *Supplemental to Dental Progress Notes* and complete a CDCR Form 7225 *Refusal of Treatment.* Upon completion, the dentist, or designee, shall file the CDCR Form 7225 and either the CDCR Form 237 C or C-1 in the dental section of the inmate-patient's UHR. The inmate-patient shall submit a CDCR Form 7362 in order to access future dental care.
3. For inmate-patients with a dental treatment Priority 3, Priority 4, or Priority 5, as recorded in the *Dental Priority After Appointment* column, at the dentist's discretion, the dentist may ask the inmate-patient, at the end of the appointment, if he or she would like to initiate another request for dental services via the CDCR Form 7362. Based on the inmate-patient's response, the dentist, and designee, shall follow the aforementioned provisions in Section III.B.2 of this policy. All inmate-patients not asked about initiating another request for dental services at the end of the appointment, shall submit a CDCR Form 7362 in order to access future dental care.

4. The dentist, or designee, shall record "Failed" in the *Treatment/*Disposition column for each inmate-patient who did not honor his or her dental visit, or "Cancelled by Clinic" for appointments cancelled by dental staff. Additionally, the reason for the inmate-patient's failure to appear for his or her appointment, or for the clinic's cancellation of the appointment, shall be recorded in the *Treatment/Disposition* column.
5. If an inmate-patient's scheduled appointment needs to be rescheduled, a notation in the *Treatment/Disposition* column should reflect the reason for the change, and the new appointment date entered into the *Date of Next Appointment* column. At the rescheduled appointment date, the *Treatment/Disposition* column should reflect the reason why the inmate-patient was moved. The dental staff shall initial after each entry required to reschedule an inmate-patient.
6. Unscheduled inmate-patient visits, those resulting from an indication of an emergency or urgent dental need, shall be recorded on the DDTAL. The abbreviation "U/S", (unscheduled), shall be recorded in the *Patient Name* column of the DDTAL, along with the inmate-patient's last name and the CDCR number.
7. If an inmate-patient fails to appear for a scheduled appointment, then the dentist, or designee, shall follow the policy for "Failure to Report for Dental Ducats" as outlined in Chapter 5.2 *Priority Health Care Services Ducat Utilization* Section III.C.
8. If an inmate-patient's scheduled appointment for Priority 1A dental care is cancelled by the dental clinic, then the inmate-patient shall be seen by a dentist within the following 24 hours. For all other dental priority appointments, the dentist shall see the inmate-patient within 35 calendar days of the cancelled appointment.

C. General requirements for maintaining the DDTAL and the RDTL.

1. Inmates who request care, require care, and are eligible for care, shall be scheduled for a dental visit.
2. A separate DDTAL and RDTL shall be maintained for each dental care provider, (i.e., each Dentist, Contractor, Consultant, etc). Additionally, one master DDTAL and one master RDTL shall be used per clinic regardless of the number of dentists assigned to the clinic.
3. All information shall be entered in black or blue ink. Changes or error corrections are made by drawing a single line through the information being changed or corrected. The individual making such changes shall initial, date, and note the reason for the changes.
4. A separate DDTAL page shall be used for scheduling each dentist's appointments, and a separate page shall be used for each day. The number of scheduled inmate-patients on a single page should not exceed the number of lines available. If necessary a continuation page should be used to complete the day's scheduled appointments.
5. Every column for every inmate-patient entry shall be completed.
6. At the end of each day, indicated columns shall be totaled and the number entered at the bottom of the page.

CHAPTER 5.4
Dental Treatment Priorities (E)

I. POLICY

The dental treatment needs of California Department of Corrections and Rehabilitation (CDCR) inmates shall be addressed based on the priority of need, length of incarceration, and the inmate's demonstrated willingness to engage in oral health self-care. A CDCR dentist shall assign an objective dental priority score to each newly admitted inmate upon entering the CDCR and after each dental visit.

II. PURPOSE

To ensure that all inmates have equitable access to dental services based upon the occurrence of disease, significant malfunction, or injury, and medical necessity.

III. PROCEDURE

A. All inmate-patients shall be assigned a dental treatment priority at the Reception Center screening and, again at the time of their complete dental examination at a Mainline Institution. This priority shall be reviewed and appropriately modified after each dental visit.

Dental treatment shall be prioritized as follows:

- Priority 1: Urgent Care
- Priority 2: Interceptive Care
- Priority 3: Routine Rehabilitative Care
- Priority 4: No Dental Care Needed
- Priority 5: Special Needs Care

Emergency dental treatment shall be available on a 24 hour, seven days per week basis.

B. In general, dental visits shall be scheduled based on the inmate-patient's dental treatment priority, as determined by a CDCR dentist.

C. The dentist may vary the dental treatment priority if he or she judges it to be necessary for the protection of the inmate-patient's overall health.

D. Once a dentist has completed a dental triage, treatment shall be provided within the timeframes indicated for each dental treatment priority.

E. Inmate-patients with less than one year of incarceration time remaining on their sentence in a Mainline Facility shall receive only Emergency, Priority 1, and Priority 2 dental care. Inmate-patients with less than six months of incarceration time remaining on their sentence in a Mainline Facility shall receive only Emergency and Priority 1 dental care.

F. Inmate-patients whose treatment status, as a result of their own neglect, reverts to pre-treatment conditions, shall receive only Emergency and Priority 1 dental care, and shall not be eligible for Priority 2, or Priority 3 levels of care.

G. All inmate-patients must maintain an acceptable level of dental health and oral hygiene self-care, which shall be measured and evaluated for each patient by use of the dental plaque index score (PI). Inmate-patients must maintain a PI of 20% or less in order to qualify for Priority 3 care. Inmate-patients with a PI above 20% shall receive Emergency, Priority 1, Priority 2, and Priority 5 dental care. (Reference: Chapter 2.13 *Facility Level Dental Health Orientation/Self-Care*)

DENTAL TREATMENT PRIORITIES		
PRIORITY LEVEL	**DESCRIPTION OF NEED**	**ELIGIBILITY****
Emergency Care: Immediate Treatment	Inmates requiring treatment of an acute oral or maxillo-facial condition, which is likely to remain acute, worsen, or become life threatening without immediate intervention.	All inmates are eligible for Emergency Care regardless of length of incarceration or oral health self-care.
Priority 1A – 1C* Urgent Care:		All inmates are eligible for Priority 1 Care regardless of length of incarceration or oral health self-care.
1A: Treatment within 24 hours.	Inmates with a dental condition of sudden onset or in severe pain, which prevents them from carrying out essential activities of daily living.	
1B: Treatment within 30 days.	Inmates requiring treatment for a sub-acute hard or soft tissue condition that is likely to become acute without early intervention.	
1C: Treatment within 60 days.	Inmates requiring early treatment for any unusual hard or soft tissue pathology, (e.g., acute ulcerative necrotizing gingivitis, severe localized or generalized periodontitis).	
Priority 2* Interceptive Care: Treatment within 120 days.	Advanced caries or advanced periodontal pathology requiring the use of intermediate therapeutic or palliative agents or restorative materials, mechanical debridement, or surgical intervention.	Inmates must have over 6 months remaining to serve on their sentence within a CDCR institution and are eligible for Priority 2 Care regardless of oral health self-care.
	Edentulous or essentially edentulous, or with no posterior teeth in occlusion.	
	Moderate or Advanced Periodontitis requiring non-surgical deep scaling and Root Planning procedures, (see Chapter 2.4 *Periodontal Disease Program*).	
	Chronically symptomatic impacted tooth requiring removal or specialty referral; surgical procedures for the elimination of pathology; or restoration of essential physiologic relationships.	
Priority 3* Routine Rehabilitative Care: Treatment within one year.	An insufficient number of posterior teeth to masticate a regular diet (seven or fewer occluding natural or artificial teeth), requiring a maxillary and/or mandibular partial denture; one or more missing anterior teeth resulting in the loss of anterior dental arch integrity, requiring a transitional anterior partial denture.	Inmates must have over 12 months remaining to serve on their sentence within a CDCR institution and must meet oral health self-care requirements as specified in Chapter 2.13 *Facility Level Dental Health Orientation/ Self-Care*.
	Carious or fractured dentition requiring restoration with definitive restorative materials or transitional crowns.	
	Gingivitis or Mild Periodontitis requiring routine prophylaxis.	
	Definitive root canal treatment for non-vital, anterior teeth, which are restorable with available restorative materials. The inmate's overall dentition must fit the criteria in Chapter 2.9 *Endodontics*.	
	Non-vital, non-restorable erupted teeth requiring extraction.	
Priority 4: No Dental Care Needed	Inmates not appropriate for inclusion in Priority 1, 2, 3, or 5.	
Priority 5: Special Needs Care	Inmates with special needs (see Chapter 4.5, *Dental Authorization Review Committee* for methods of recommending treatment).	All inmates with special needs are eligible for Priority 5 Care regardless of length of incarceration or oral health self-care.

*Treatment to be provided within the specified timeframe, from the time of completion of the dental triage.

**Eligibility determined by length of incarceration and level of oral self care.

CHAPTER 5.5
Dental Treatment Plan (E)

I. POLICY

All Mainline Facility inmates whose reception center (RC) examinations indicate the need for dental treatment shall have an individual treatment plan developed by a California Department of Corrections and Rehabilitation (CDCR) dentist and shall be provided an explanation of its advantages and disadvantages.

II. PURPOSE

To establish guidelines for the development of individual dental treatment plans for Mainline Facility inmates in the CDCR.

III. PROCEDURE

A. Treatment plans shall be documented in the Treatment Plan Section on the CDCR Form 237B.

B. All inmate-patients receiving routine comprehensive dental care shall have a Dental Treatment Plan recorded on CDCR Form 237 B, prior to receiving routine dental treatment.

C. The dentist performing the examination and establishing the treatment plan shall verify that the inmate-patient received a *Dental Materials Fact Sheet* (DMFS) at the RC dental screening visit and has signed an acknowledgement of receipt of the DMFS. If this did not occur then the dentist shall provide one and shall have the inmate-patient sign an acknowledgement of receipt of the DMFS which shall be placed in the dental section of the inmate-patient's Unit Health Record.

D. Appropriate radiographs shall be available and interpreted by the attending dentist when developing a dental treatment plan. Radiographs shall be labeled with the inmate-patient's name, CDCR number, date of birth, and date radiograph was taken.

E. The dental treatment plan shall be prioritized by listing the most urgent Priority 1 treatment needs first followed by Priority 2, 3, and 4 5 treatment needs.

F. A complete scaling and prophylaxis shall be performed at the beginning of the dental treatment plan unless emergent or urgent needs are of higher priority.

G. The schematic tooth chart located on the front of the CDCR Form 237 B must be completed utilizing *black or red ink* as indicated in the instructions on the reverse side of the form.

H. Each individual tooth indicated for restoration shall have the surface(s) noted. As the restoration/procedure is completed, it shall be noted in the "Date Completed" column of the

CDCR Form 237 B and in the Progress Notes section of the CDCR Form 237 C, or CDCR Form 237 C-1.

I. Once treatment is completed on a tooth, dental staff shall fill in the restoration or procedure rendered on the schematic tooth chart using *black ink,* in the "Restoration and Treatments Completed during Incarceration" section of the CDCR Form 237 C.

J. All dental care provided to inmate-patients, including radiographs, examinations, prophylaxis, restorations, endodontic therapy, prosthetics, periodontal therapy, oral surgery, follow-up care, and other treatment indicated, shall be noted in the Progress Notes section of the CDCR Form 237 C, or CDCR Form 237 C-1.

K. All services rendered, written procedures, and medication orders shall be signed and dated by the attending dentist.

L. A complete examination of the head and neck region shall be completed as part of the examination and treatment plan, and shall be documented on the CDCR Form 237 B.

M. The results of the Periodontal Screening and Recording (PSR) shall be completed during the initial dental examination, and shall be filed in the UHR.

N. The inmate information block located in the lower portion of the CDCR Form 237 B shall be completed on each form for each inmate. This information must be completed if any entry is made on any part of the form.

O. Any additions or corrections to the original dental treatment plan made during the course of treatment shall be entered on the CDCR Form 237 B-1.

P. If an inmate is transferred to another institution and assigned a new treating dentist, that dentist shall review the dental treatment plan and indicate the review in the "Dental Treatment Plan Review" section of the CDCR Form 237 B-1. A review is not required if the inmate is being seen by the new institution's dental staff for only one appointment, or is being treated on a specific referral basis.

Q. All CDCR Form 237 B's, 237 B-1's, 237 C's, and 237 C-1's shall be maintained in chronological order (starting with the most recent on top) in the UHR.

Chapter 5.6
Interpreter Services – Monolingual/Non-English Speaking Inmates (E)

I. POLICY

It shall be the policy of the California Department of Corrections and Rehabilitation (CDCR) to utilize language assistance services to assist in providing dental health care to inmate-patients who are monolingual/non-English speaking.

II. PURPOSE

To establish guidelines for the appropriate utilization of interpreter services when providing dental care to monolingual/non-English speaking inmate-patients.

III. PROCEDURE

A. Custody shall be responsible for identifying monolingual/non-English speaking inmate-patients and shall provide, upon request, a list of all such inmate-patients eligible for qualified interpreter services to the dental department.

B. Eligible inmate-patients must be provided qualified interpreter services during all phases of health care provision.

C. Available medical translation services for eligible non-English speaking inmate-patients shall be utilized in the order of preference as follows:

1. Qualified bilingual health care staff at the institution.

2. Contracted language translation services. Certified medical interpretation services

   - Merino Language Line (360) 693-7100 ext. 118
   - Language Line Services (831) 648-7189
   - AT&T Translation Services (800) 752-0093 ext. 196

3. Inmate-patients may request that non-health care staff be used as interpreters. The inmate-patient *must* sign a CDCR Form 7342 in order for non-health care staff to serve as interpreters.

4. Inmate-patients may request that a cellmate or other inmate serve as interpreters. The inmate-patient *must* sign a confidentiality release form in order for a cellmate or other inmate to serve as an interpreter. Inmates shall only be allowed to serve as

interpreters when bilingual health care staff or certified medical interpretation services are not available for the needed language.

D. An interpreter list of qualified bilingual health care and non-health care staff is to be made available by the office technician (OT).

E. The OT will maintain a supply of CDCR Form 7342 confidentiality release forms in the operatory.

F. When urgent/emergent health care must be provided to a non-English speaking inmate, and a qualified interpreter is not available in a timely manner, any available interpreter may be utilized. In such situations, a qualified interpreter must be summoned, and upon arrival immediately replace the non-qualified interpreter.

G. Use of interpreter services shall be noted in the Unit Health Record in the Progress Notes section of the CDCR Form 237 C or C-1.

Definitions.

Eligible Inmates: Monolingual/non-English speaking inmates who are not able to communicate effectively in spoken English including:

- Inmates who speak only languages other than English and who have no speaking ability in English.
- Inmates who are able to speak their native language, and are able to speak some English, but are not fluent enough in English to understand basic facility activities and proceedings.

Qualified Interpreter: Any CDCR employee who has been determined to have a satisfactory level of competency in both English and the inmate's language, and is thereby qualified to perform interpretation services.

Interpretation: The processes of orally assisting an eligible inmate to communicate in the English language for facility-based proceedings, and to orally interpret into the inmate's spoken language, written documents or spoken responses in English to the inmate.

CHAPTER 5.7
Inmate's Right to Refuse Treatment (E)

I. POLICY

The California Department of Corrections and Rehabilitation (CDCR), its agents, and the Division of Correctional Health Care Services, shall adhere to the requirements set forth in *California Code of Regulations* Title 15, Article 8, Section 3351 "Inmate Refusal of Treatment."

II. PURPOSE

To set forth procedures to ensure and document that an inmate's right to refuse medical treatment is observed.

III. PROCEDURE

A. Refusal of dental care must be documented by completing form CDCR 7225 *Refusal of Examination and/or Treatment.*

B. All refusals of dental services must be reviewed and countersigned by a dentist prior to being placed in the inmate's Unit Health Record (UHR).

C. A complete and thorough documentation of the inmate's refusal is to be entered in the dental section of the UHR on the CDCR Form 237 C or C-1, including:

1. A description of the dental service(s) being refused.
2. Health consequences of refusing the dental service(s).
3. Alternative treatment options, if any.

D. An inmate may accept or decline any or all portions of a recommended dental treatment plan.

E. An inmate's decision to refuse treatment is reversible at any time and shall not prejudice future treatments.

F. The completed CDCR 7225 *Refusal of Examination and/or Treatment* shall be placed in the appropriate area of the Dental Section in the Unit Health Record.

G. For each instance of an inmate's refusal of treatment, a CDCR 128 C *Chrono* must also be completed and the original placed in the inmate's central file.

The Office Technician will maintain a supply of CDCR Form 7225 *Refusal of Examination and/or Treatment*

CHAPTER 5.8
Medical Emergencies in the Dental Clinic (E)

I. POLICY

The California Department of Corrections and Rehabilitation (CDCR) shall ensure that emergency medical services are provided in the dental clinic as necessary, that each dental clinic maintains an up to date emergency kit containing supplies and equipment to be used in treating inmate-patients during medical emergencies, and that all dental personnel receive annual training on the use of these kits.

II. PURPOSE

To provide inmate-patients prompt access to emergency medical care as needed in the dental clinic, to establish the requirement that all dental clinics have a standardized emergency kit that might be used in treating inmate-patients during medical emergencies, and to establish training requirements on the use of these kits.

III. PROCEDURE

A. Definitions:

1. *Medical Emergency*: An emergency exists when there is a sudden, marked change in an inmate's condition so that action is immediately necessary for the preservation of life or the prevention of serious bodily harm to the inmate or others, and it is impracticable to first obtain consent, (Reference: California Code of Regulations Title 15, Article 8, Section 3351). Examples may include visible injuries, high blood pressure, rapid heart rate, sweating, pallor, involuntary muscle spasms, nausea and vomiting, high fever, and facial swelling, (See attached Table 1. *Medical Emergency Situations/Common Treatment Guidelines*). An emergency, as determined by dental staff, also includes necessary crisis intervention for inmate-patient's suffering from situational crises or acute episodes of mental illness.
2. *Dental Staff:* Includes dentists, dental hygienists, dental assistants, and any other personnel in the dental clinic that are qualified to provide Basic Life Support (BLS), including Cardiopulmonary Resuscitation (CPR).
3. *First Responder*: The first dental staff member, certified in BLS, on the scene of a medical emergency in the dental clinic whose priority is the preservation of life and to proceed with necessary basic first aid.

B. General Requirements:

1. The first responder to a medical emergency in the dental clinic shall take immediate action to preserve life and is responsible to complete the CDCR Form 7219 *Medical Report of Injury or Unusual Occurrences*. In addition, the first responder shall record the medical emergency on the CDCR Form 237 C *Dental Progress Notes* or the CDCR Form

237 C-1 *Supplemental to Dental Progress Notes* in the Subjective, Objective, Assessment, Plan, Education (SOAPE) format. Upon completion of the CDCR Form 237 C or C-1 the first responder, or designee, shall file these forms in the dental section of the inmate-patient's Unit Health Record (UHR). The first responder, or designee, shall submit a copy of the CDCR Form 7219 and any other required incident reports to the Chief Dentist (CD) within 24 hours of the incident.

2. All dental staff shall be trained in BLS, including CPR, and in the proper use of the Automated External Defibrillation equipment.

3. Dental staff trained in BLS shall initiate CPR in all cases of cardiac/respiratory arrest.

4. Dental staff and emergency responders who initiate CPR shall continue resuscitation efforts until one of the following occurs:
   - Effective spontaneous circulation and ventilation have been restored.
   - Resuscitation efforts have been transferred to other trained staff who continue providing BLS.
   - Care is transferred to a physician who determines that resuscitation should be discontinued.
   - The emergency responders are unable to continue resuscitation because of exhaustion or safety and security issues that could jeopardize the lives of others.
   - A valid Do-Not-Resuscitate order is presented to the emergency responders.
5. If an inmate-patient is unable to be resuscitated, the decision to terminate CPR shall be made by a physician or community emergency medical service. Pronouncement of death shall be made by a physician, according to acceptable medical standards.

6. While preservation of a crime scene is a valuable investigatory tool, this shall not preclude or interfere with the delivery of health care.

7. Custody requirements shall not unreasonably delay medical care in a life-threatening situation.

8. The CD at each institution shall ensure that a Local Operating Procedure (LOP) for medical emergencies in the dental clinic is developed and approved. This LOP, at a minimum, shall indicate who is responsible for notifying the medical department, and who is responsible for calling an ambulance, if needed. The CD shall be responsible for implementing and annually reviewing this LOP.

9. Dental staff shall receive annual training and review of response procedures for medical emergencies in the dental clinic.

10. Required emergency equipment, supplies, and emergency medications shall be maintained and readily available in the dental clinic.

C. Emergency Response:

1. All dental staff, within the dental clinic, shall immediately respond to an inmate-patient having a medical emergency in the clinic.

2. Most life threatening medical emergencies in the dental clinic are initiated by the inmate-patient's inability to withstand physical or emotional stress; by their reaction to drugs; or as a complication of a pre-existing systemic disease. Cardiopulmonary systems are likely to be involved, requiring some emergency supportive therapy.

   In such circumstances it is imperative that the first responder place the inmate-patient in a supine position (if possible), and initiate the following ABC's of Emergency First Aid:

   A –**A**irway – Open passage and clear if necessary.

   B –**B**reathing – Assure patient is breathing (provide artificial respiration if necessary).

   C –**C**irculation – Check carotid pulse. If present, check blood pressure. If pulse is absent, give cardiopulmonary respiration and call the medical clinic.

3. The dentist shall assume responsibility of the medical emergency, and ensure that a dental staff member notifies the medical department of the emergency as soon as possible.

4. The dentist shall continue to assume responsibility of the medical emergency, pending the arrival of ~~trained medical personnel~~ a physician.

5. The physician, upon arrival to the medical emergency, shall assume responsibility for any further treatment. The dental staff shall provide assistance to the medical staff when directed.

6. The inmate-patient shall not be released from the dental clinic until it is determined that he/she is out of danger or until the medical department either releases or transports the inmate-patient.

7. The dentist, if not the first responder, shall record the medical emergency on the CDCR Form 237 C or C-1 in the SOAPE format. Upon completion of the CDCR Form 237 C or C-1 the dentist, or designee, shall file these forms in the dental section of the inmate-patient's UHR. In addition, the dentist shall assist in the completion of any other required incident reports and forward a copy of the aforementioned documents to the CD within 24 hours of the incident.

D. Emergency Equipment and Supplies:

1. Each dental clinic at each facility shall have emergency kits that contain at least the following supplies and equipment:

   - Portable oxygen tank with tubing and mask.
   - Ambu-bag (Bag-Valve-Mask).
   - Cardiopulmonary Resuscitation (CPR) one-way pocket mask.

- Brook Airway.
- Blood pressure cuff.
- Stethoscope.
- Alcohol sponges or gauze.
- At least two 3cc syringes.
- Drugs:
  - Benadryl 50mg Ampoules (2)
  - Hydrocortisone sodium succinate (Solucortef) 250mg Ampoules (2)
  - Epinephrine 1:1000 Ampoules (2), (0.3cc)
  - Nitroglycerine Tablets 0.4mg (1 bottle of 25 tablets)
  - Ammonia Inhalant Buds (5)
  - One tube of Glucose Gel in applicator tube, 10 gm. Per dose
  - Ventolin or Proventil Metered-Dose Inhaler (MDI)

2. On a monthly basis, a dentist shall review the contents of the emergency kit, including the expiration dates and clarity of all drugs, and record this review along with the review date on a sign-off sheet. This sign-off sheet shall be kept in the emergency kit.

3. The CD shall keep a copy of the sign off sheet on file for a period of five years, as documentation of this review.

4. Upon completion of the review, the dentist shall notify the CD and the institutional pharmacist of any drugs in the emergency kit requiring replacement, including expired drugs. The institutional pharmacist shall replace all drugs as needed. In addition, the pharmacy shall keep a documented record of the expiration dates of the emergency kit drugs.

E. Medical Emergency Response Training:

1. The CD shall ensure that all dental personnel receive initial training on the assigned responsibilities and specific tasks to be completed during a medical emergency in the dental clinic, and in the use of the dental emergency kit. The CD shall ensure that all dental personnel are retrained annually on the aforementioned topics. The CD shall document and keep a record of this training on file for a period of five years.

Table 1. MEDICAL EMERGENCY SITUATIONS/ COMMON TREATMENT GUIDELINES		
Situation	**Symptoms**	**Treatment Guidelines**
SYNCOPE/ PSYCHOGENIC SHOCK	EARLY: Pallor. Sweating. Nausea. LATE: Pupillary dilation. Yawning. Decreased blood pressure. Bradycardia (slow pulse). Convulsive movements. Unconsciousness.	Lower head slightly, elevate legs and arms, (except in pregnancy; roll on left side). Administer Oxygen. Administer Spirits of Ammonia. Record vital signs. If no response, call for medical assistance. If blood pressure is too low: Lower head, raise arms, and legs. Vasopressor drugs – EPINEPHRINE 0.3cc 1:1,000 SC.
HYPOVOLEMIC SHOCK *NOTE*: Surgical blood loss accompanied by dehydration may readily precipitate hypovolemic shock	Weak, thready, rapid pulse. Decreased blood pressure. Pallor. Coldness. Cyanosis. *NOTE*: Fluid loss in the surgical patient may be secondary to: Surgical blood loss. Pre-op apprehension and poor fluid intake. Post-op oral discomfort and poor fluid intake. Certain hypertensive medications (diuretics).	Administer Oxygen. Encourage oral fluid intake. Record vital signs. Contact the medical department for assistance.
MILD ALLERGIC REACTION	Skin Reactions: Mild pruritus (itching). Mild urticaria (rash).	Diphenhydramine HCL (Benadryl) 25 – 50 mg IM. Refer to the medical department for follow-up.
SEVERE ALLERGIC REACTION	Skin Reactions: Severe pruritus (itching). Severe urticaria (rash). Swelling of lips, eyelids, cheeks, pharynx, and larynx, (angioneurotic edema): Cardiovascular – fall in blood pressure. Central Nervous System – loss of consciousness, dilation of pupils. Respiratory – Wheezing, choking, cyanosis, hoarseness.	EPINEPHRINE 0.3cc 1:1000 SC (Contraindication: severe hypertension). Benadryl 50 mg. IM. Contact the medical department for assistance. Steroids – Hydrocortisone Sodium Succinate (Solucortef) 100 mg. IM. Record vital signs. Cardiopulmonary resuscitation (if indicated).

Table 1. MEDICAL EMERGENCY SITUATIONS/ COMMON TREATMENT GUIDELINES

Situation	Symptoms	Treatment Guidelines
LOCAL ANESTHETIC DRUG INTOXICATION (TRUE OVERDOSE) CAUSE: Too large a dose of local anesthetic. Rapid absorption of drug or inadvertent IV injection. Slow detoxification or elimination of drug.	EARLY: Talkative, restless, apprehensive, excitement. Convulsion. Increased blood pressure and/or pulse rate. *NOTE*: The stimulation is followed by depression of central nervous system (CNS). LATE: Convulsion followed by depression. Drop in blood pressure. Either weak, rapid pulse or bradycardia. Apnea. Unconsciousness and/or death. *NOTE*: Lidocaine is the one local anesthetic that on occasion has been documented to exhibit only the CNS depression without the usual prodromal excitatory phase.	(SYMPTOMATIC) Protect patient during the convulsive period. Contact the medical department. Record vital signs. Supportive Therapy – Oxygen.
EXTRA-PYRAMIDAL REACTIONS ETIOLOGY: Side reaction to certain drugs *Phenothiazides*, (i.e., Compazine, Thorazine, Phenergan, Sparine, Stelazine, Trilafon, and Mellaril). *Butyrophenones* [i.e., Haldol and Innovar (General Anesthetic)]. *Thioxanthenes*, (i.e., Navane and Taractan).	Acute Dystonic Reaction: Rapid in onset. Involuntary movement of the tongue, muscles of mastication, and muscles of facial expression. Neck muscles frequently affected (torticollis). Arms and legs less frequently affected. Greater frequency in the young. Greater frequency in females. Akathisia (constant motion). Parkinsonism. Tardive dyskinesia, (bucco-linguomasticatory triad), sucking, smacking, chewing, fly-catching movement of tongue.	Diphenhydramine HCL (Benadryl) 25-50 mg. IM. Refer to medical department.
BRONCHIAL ASTHMA	Sense of suffocation. Pressure in chest. Non-productive cough. Prolonged expiratory phase with wheezing. Respiratory effort increased. Chest distended. Thick, stringy, mucous sputum. Cyanosis (in severe cases).	Beta-Adrenergic Agonist (Ventolin, Proventil) by metered dose inhaler (MDI), 2-4 puffs initially followed by 1-2 puffs every 10-20 minutes until improvement or toxicity is obtained. Oxygen. Contact medical department for assistance. Epinephrine 0.3cc 1:1000 SC. Repeat every 20 minutes p.r.n. Hydrocortisone sodium succinate (Solucortef) 100mg IV or IM. Record vital signs.

Table 1. MEDICAL EMERGENCY SITUATIONS/ COMMON TREATMENT GUIDELINES

Situation	Symptoms	Treatment Guidelines
ANGINA PECTORIS	Substernal pain or pain referred to any area above the waist. Pain lasts less than 15 minutes. Usually responds to nitroglycerine. May have history of previous episodes.	Nitroglycerine 0.4 mg sublingual; repeat at 5 minute intervals if needed; maximum 3 tablets in 15 minutes. Oxygen. Contact medical department for assistance. Rest. Record vital signs. ***CAUTION***: Once the container of nitroglycerine tablets has been opened the remaining tablets have a poor shelf life and a new supply should be obtained.
MYOCARDIAL INFARCTION	Pain: More severe than angina. Lasts longer than 15 minutes. Not relieved by nitroglycerine tablets. Cyanosis, pallor, or ashen appearance. Weakness. Cold sweat. Nausea, vomiting. Air hunger and fear of impending death. Pulse rate may be increased, irregular, and of poor quality.	Oxygen. Contact medical department. Record vital signs. *NOTE*: Maintain patient in most comfortable position – this may well NOT be the supine position since the air hunger may be associated with orthopnea.
CARDIAC ARREST	No pulse or blood pressure. Sudden cessation of respirations (apnea). Cyanosis. Dilated pupils.	Contact medical department. Maintain patients' ABCs. Perform CPR. Continue Resuscitation until spontaneous pulse returns.
CEREBROVASCULAR ACCIDENT	Variable early warning signs: Vertigo. Nausea and vomiting. Transient paraesthesia or weakness of body. General Symptoms: Headache. Nausea. Vomiting. Convulsion and/or coma.	Contact medical department for assistance. Supportive: Oxygen. Transport to hospital. Avoid sedatives. Record vital signs.
CONVULSIONS CAUSE: Syncope. Drug reaction. Insulin Shock. Cerebrovascular Accident. Convulsive disorders.	Aura – flash of light or sound. Excessive salivation. Convulsive movements of extremities. Loss of consciousness.	Protect patient from personal damage. Place patient on side if excessive salivation could compromise airway. Contact medical department for assistance. After convulsion, make sure airway is open. Oxygen. Record vital signs.

Table 1. MEDICAL EMERGENCY SITUATIONS/ COMMON TREATMENT GUIDELINES

Situation	Symptoms	Treatment Guidelines
RESPIRATORY ARREST CAUSE: Physical obstruction of airway. Drug induced apnea. Cardiac arrest.	Cessation of breathing. Cyanosis.	Open Airway – tilt head back – remove any obstruction. Breathing – Ventilate patient 12-15 times per minute. If apnea is secondary to sedative, barbiturate or diazepam overdose: Oxygen or artificial respiration. Keep patient awake. Contact medical department for assistance. Support blood pressure. Position of patient. Fluids. *NOTE*: There is no reversal agent for sedative/barbiturate or Valium overdose.
ASPIRATION OR SWALLOWING A FOREIGN OBJECT	Coughing or gagging associated with the loss of a foreign object. Possible cyanosis due to airway obstruction.	Keep patient supine. Establish airway (open and evaluate breathing). If foreign object has occluded the airway use the Abdominal Thrust Maneuver (firm abdominal pressure). Basic Life Support. If necessary, contact the medical department for assistance.
ORAL INTRA-ARTERIAL INJECTION OF DRUG	Pain and burning sensation distal to the injection site. Cold and blotching hand or fingers distal to injection site.	Hydrocortisone sodium succinate (Solucortef) IM 100 mg. Contact medical department for assistance and follow-up.
UNKNOWN RESPONSE	If you cannot rationally identify a cause for the patient's response, a period of observation is justified.	Contact the medical department for assistance. Record vitals. If necessary, Basic Life Support.
DIABETIC COMA/ INSULIN SHOCK	*DIAGNOSTIC FACTORS:* / **DIABETIC COMA** / **INSULIN SHOCK**	Give one 10 gm tube of Glucose Gel orally. Contact medical department for assistance. Record vital signs. **RESPONSE TO TREATMENT** Insulin Shock Rapid improvement following carbohydrate administration. Diabetic Coma No improvement following carbohydrate administration. Slow improvement (6-12 hours) following insulin administration.
	A: HISTORY	
	Food Intake / Normal or Excessive / May be insufficient	
	Insulin / Insufficient / Excessive	
	Onset / Gradual: *days* / Sudden: *hours*	
	B: PHYSICAL EXAM	
	Appearance / Extremely Ill / Very Weak	
	Skin / Dry and flushed / Moist and pale	
	Infection / Frequent / Absent	

Table 1. MEDICAL EMERGENCY SITUATIONS/ COMMON TREATMENT GUIDELINES				
Situation	**Symptoms**			**Treatment Guidelines**
	Fever	Frequent	Absent	
	C: GI SYMPTOMS			
	Mouth	Dry	Drooling	
	Thirst	Intense	Absent	
	Hunger	Absent	Occasional	
	Vomiting	Common	Rare	
	Abdominal Pain	Frequent	Absent	
	Breathing	Acetone Odor	Normal	
	Blood Pressure	Low	Normal	
	Pulse	Weak and rapid	Full and bounding	
	Tremor	Absent	Frequent	
	Convulsions	None	Intake stages	

Chapter 5.9
Continuity of Care (E)

I. POLICY

It shall be the policy of the California Department of Corrections & Rehabilitation (CDCR) Division of Correctional Health Care Services to ensure that inmate-patients are continually provided necessary health care services, in keeping with State and Federal regulations, and commensurate with community standards of care.

II. PURPOSE

To provide guidelines to assist in ensuring that CDCR inmate-patients receive continuity of health care.

III. PROCEDURE

A. Inmate-patients' dental health care information shall be recorded in a Unit Health Record (UHR) or other clinically appropriate media. The UHR shall be established during intake and shall accompany the inmate-patient when the inmate-patient is transferred or moved within the system.

B. All health care encounters are to be recorded in the UHR (i.e., specialty clinics or discharge summaries from inpatient admissions).

C. For Mainline institutions, the Institution Dental Health and Self-Care Educator (IDHSCE), or designated Dental Assistant (DA), shall review the UHR of each newly arriving inmate-patient (including transfers) within 72 hours, excluding weekends and holidays, of the inmate-patient's arrival at the receiving CDCR facility.

1. *Priority 1 or 2:*
   The IDHSCE, or designated DA, upon review of the inmate-patient's UHR shall identify and schedule each inmate-patient with a documented dental treatment Priority 1 or 2 designation for a dental triage. Inmate-patients with a documented dental treatment Priority 1 or 2 designation shall be seen for this dental triage within 72 hours, excluding weekends and holidays, of the IDHSCE's, or designated DA's, review. All other inmate-patients shall follow the facility's procedure for requesting and accessing dental care, (Reference: Chapter 5.14 *Access to Care*).

2. *Dental Examinations:*

   The IDHSCE, or designated DA, upon review of the inmate-patient's UHR shall identify the last date of dental examination as indicated on the CDCR Form 237 B *Health Record -Dental (Mainline Examination)* or CDCR Form 237 B-1 *Health Record – Supplemental Mainline Examination* and shall inform the office technician (OT) to schedule the following inmate-patients for a dental examination:

- If the inmate-patient is under 50 years of age and it has been two years or longer since the last date of dental examination.
- If the inmate-patient is 50 years of age or older and it has been one year or longer since the last date of dental examination.

These inmate-patients shall be seen for a dental examination within 72 hours, excluding weekends and holidays, of the IDHSCE's, or designated DA's, review.

Reception Center Transfers
The IDHSCE, or designated DA, upon review of the inmate-patient's UHR shall schedule all inmate-patients transferring from a Reception Center for a dental examination. These inmate-patients shall be seen for a dental examination within 90 days of assignment to a Mainline Facility.

All other inmate-patients shall follow the facility's procedure for requesting and accessing dental care, (Reference: Chapter 5.14 *Access to Care*).

3. *Medical conditions:*
Medical conditions such as diabetes, Human Immunodeficiency Virus (HIV), seizures pregnancy, or other conditions often affect the oral cavity. Dental pathology related to such medical conditions should be ruled out or identified at the earliest opportunity in order to receive definitive dental care.

The IDHSCE, or designated DA, shall review the CDCR Form 7371 *Confidential Medical/Mental Health Information Transfer – Sending Institution* and standardized dental health history forms and identify each inmate-patient with one of the following medical conditions:

- Diabetes
- HIV
- Seizure
- Pregnancy

D. The IDHSCE, or designated DA, shall schedule each inmate-patient with at least one of the aforementioned medical conditions recorded on the bus screening or standardized dental health history form for a dental triage within 72 hours, excluding weekends and holidays, of the IDHSCE's, or designated DA's, review. All other inmate-patients shall follow the facility's procedure for requesting and accessing dental care, (Reference: Chapter 5.14 *Access to Care*).

E. If the dental treatment priority, the date of last dental examination, or medical conditions are not clearly recorded, or the IDHSCE, or designated DA, is unable to locate this information then the Chief Dentist (CD), or designee, shall be contacted to provide direction.

F. For each inmate-patient UHR reviewed, the IDHSCE, or designated DA, shall record on the CDCR Form 237 C *Dental Progress Notes* or a CDCR Form C-1 *Supplemental to Dental Progress Notes* the following information, at a minimum:

- The date of review.
- The result of the review, including the scheduled date of the dental triage or examination, if needed.
- Documentation of any direction provided by the CD, or designee.
- The printed name of the reviewing IDHSCE, or designated DA.
- The signature of the reviewing IDHSCE, or designated DA.

All information shall be recorded in black ink using one line per entry, and not skipping lines between entries. Changes or error corrections are made by drawing a single line through the information being changed or corrected. The individual making such changes shall initial, date, and note the reason for the changes.

G. The IDHSCE, or designated DA, shall record each inmate-patient UHR reviewed in the CDCR Form 7436 Intake Dental Unit Health Record Review Log.

H. The IDHSCE, or designated DA, shall schedule the dental triage for each inmate-patient with a documented dental treatment Priority 1 or 2 designation and/or medical condition, (as indicated in Section III.C.3 of this policy) in the Daily Dental Treatment/Appointment Log (DDTAL). In addition, the IDHSCE, or designated DA, shall schedule the dental examination for each inmate-patient meeting the criteria established in Section III.C.2 of this policy in the DDTAL.

I. The dentist shall be charged with the duty of 'case management' to monitor the following: timely scheduling of appointments, rescheduling of canceled or failed appointments, necessary lab blood work, referrals to specialists, follow-up care ordered by specialists, and intermediate appointments for prosthetic cases. The OT, upon direction of the dentist, shall track all referrals and medical/dental laboratory procedures to ensure their completion. The attending dentist at the facility shall review all internal consultation reports, lab reports, and reports from outside the facility within seven (7) working days of receipt of the report by the dental clinic. The dentist shall make a notation in the dental section of the UHR on the CDCR Form 237 C or C-1, which shall be dated and signed.

J. When a dental staff member, (e.g. chief dentist, dentist, dental assistant, or office technician), becomes aware that an inmate-patient has transferred to a new housing unit within the facility that is served by a different dental clinic, the OT, or designated dental staff member, shall notify a dental staff member at the new clinic of the inmate-patient's transfer, and the CD in order to ensure continuity of care.

Upon notification, the dental staff member at the new clinic shall request the transferred inmate-patient's UHR. A dentist at the new clinic shall review the UHR upon receipt, for documentation of any urgent dental needs. After reviewing the UHR, the dentist, or designated staff member, shall schedule the inmate-patient for Priority 1 or 2 dental care, if needed.

K. Health care staff shall prepare a care plan, including provisions for referrals, special diets, medications, and other appropriate regimens for inmate-patients who have special dental needs and are being released from the CDCR.

Chapter 5.10
Dental Emergencies (E)

I. POLICY

Every California Department of Corrections and Rehabilitation (CDCR) facility shall ensure the availability of emergency dental care 24 hours a day, seven days a week.

II. PURPOSE

To provide cost-effective, timely, and competent emergency dental care to every inmate-patient consistent with adopted standards for quality and scope of services within a custodial environment, and to establish procedures and guidelines for managing and responding to dental emergencies in CDCR facilities.

III. PROCEDURE

A. Definitions:

1. *Dental Emergencies*: A dental emergency, as determined by health care staff, includes any medical or dental condition for which evaluation and treatment are immediately necessary to prevent death, severe or permanent disability, or to alleviate or lessen disabling pain.

   Examples of dental emergencies include acute oral and maxillofacial conditions characterized by trauma, infection, and pain, swelling, or bleeding that is likely to remain acute or worsen without immediate intervention. Additional conditions that **always** constitute dental emergencies include, but are not limited to:

   - Airway/breathing difficulties resulting from oral infection.
   - A rapidly spreading oral infection, such as Ludwig's angina, cellulitis, (characterized by a firm swelling of the floor of the mouth, with elevation of the tongue), and acute abscess, (including an abscess at root end or a gingival abscess).
   - Facial injuries and trauma to the jaws or dentition that threatens loss of airway.
   - Suspected shock due to oral infection or oral trauma.
   - Uncontrolled or spontaneous severe bleeding of the mouth.
   - Head injuries (including stabbing or gunshot wounds) that involve the jaws or dentition.
   - Moderate to severe dehydration associated with alteration in masticatory function due to obvious dental infection or dental trauma.
   - Clear signs of physical distress, (e.g., respiratory distress), related to infection or injury to the jaws or dentition.
   - Suspected or known fractures involving the nasal bones, mandible, zygomatic arch, maxilla, and zygoma.

- Temporomandibular joint (TMJ) disorders and temporomandibular joint dysfunction (TMD) that results in any of the following: acute TMJ pain, "closed-lock" TMJ, or dislocation of the TMJ.
- Aspiration or swallowing of a tooth or teeth that threatens loss of airway.
- Acute, severe, debilitating pain due to obvious or suspected oral infection, oral trauma, or other dental-related conditions.
- Infections, including infected third molars, (wisdom teeth), and acute infections with a fever of 101° F or above, infections not responsive to antibiotic therapy, and acute pulpits.
- Injuries from trauma, such as an avulsed tooth, or fractured tooth.
- Postoperative complications including alveolar osteitis, bleeding or infection.
- Facial swelling.

2. *Emergency Dental Services*: Emergency dental services are services designed to prevent death, alleviate severe pain, prevent permanent disability and dysfunction, or prevent significant medical or dental complications. Emergency dental services include the diagnosis and treatment of dental conditions that are likely to remain acute or worsen without immediate intervention.

   The following dental procedures shall **not** be considered or performed as emergency dental services.

   - Minor elective surgery.
   - Elective removal of dental wires, bands, or other fixed appliances.
   - Routine dental restorations.
   - Routine removable prosthodontic appliance adjustments or repairs.
   - Administration of general anesthesia.
   - Routine full-mouth scaling and root planing.
   - Periodontal treatments involving sub-gingival curettage and root planing unless required in order to abate the dental emergency condition.
   - Treatment of malignancies, cysts, neoplasms, or congenital malformations unless directly related to abatement of the dental emergency.
   - Biopsy of oral tissue unless there is an immediate need to perform this procedure as a result of the dental emergency condition.
   - Occlusal adjustment unless directly related to the abatement of the dental emergency condition.
   - Root canal therapy other than palliative in nature.
   - Any corrective dental treatment that can be postponed without jeopardizing the health of the inmate-patient.

3. *Dental Clinic Operating Hours*: Dental clinic operating hours is defined as at least eight hours per day, Monday through Friday, excluding holidays in which dental services are available to inmate-patients.

4. *Working Day*: For purposes of this policy a working day is defined as Monday through Friday, excluding holidays.

5. *Health Care Staff*: Medical or dental personnel, (e.g., physician or dentist), who within their scope of licensure is able to assess an inmate-patient's condition and determine if a dental emergency exists.

B. General Requirements:

1. Inmate-patients requiring treatment for a dental emergency shall be seen immediately.

2. Emergency dental services shall be provided first to those most in need, to attempt stabilization and prevent deterioration of an inmate-patient's condition.

3. Emergency dental services shall be the responsibility of the Chief Dentist (CD) at that institution. The CD's duties shall include, but not be limited to:

   - Developing and maintaining approved written policies and procedures for emergency dental services. Implementing and annually reviewing approved policies and procedures to ensure they are current with the required State regulations.

   - Ensuring the availability of emergency dental services coverage 24-hours a day, and that a Dentist On Call (DOC) is available by telephone or electronic paging device at all times.

   - Ensuring that supervising RN and other physicians working the medical clinic receive continuing education in emergency dental services procedures.

   - Ensuring that equipment and supplies necessary to provide emergency dental services are available.

4. The CD, or designee, at each institution shall be responsible for initiating and managing a list of CDCR dentists providing on call services at their institution. The CD, or designee, shall ensure that the medical department has on file a current list of the on-call dentist's contact phone and/or pager numbers.

5. The Health Care Manager at each institution shall ensure that a Registered Nurse (RN) with current training in first aid and cardiopulmonary resuscitation is available 24-hours a day to assess inmate-patients with dental emergencies.

6. All inmate-patients shall provide authorization for treatment via informed consent for emergency dental services prior to treatment being rendered. All inmate-patients who have life-threatening conditions, as determined by the Medical Officer of the Day (MOD), or treating dentist, (including the CD and the DOC), and who are unable to provide informed consent shall be treated regardless of whether or not authorization for treatment is

provided. The effort to obtain authorization for treatment shall continue simultaneously with the treatment. The MOD or treating dentist shall document in the inmate-patient's Unit Health Record (UHR) the life-threatening condition that requires treatment without authorization.

7. No treatment shall be forced over the objection of the inmate-patient, or his or her legally authorized representative or responsible relative except, in emergencies where immediate action is imperative to save the life of the inmate-patient or in such cases as are provided for by law as noted in Title 15 of the California Code of Regulations, Section 3351. If, after adequate explanation of the necessity for treatment and possible adverse effects that may result as a consequence of refusal, the inmate-patient maintains his or her desire to refuse treatment, the inmate-patient shall be required to sign a CDCR Form 7225 *Refusal of Examination and/or Treatment*, and the refusal of emergency dental treatment documented in the inmate-patient's UHR.

8. An appropriate entry shall be recorded in the UHR for every inmate-patient receiving emergency dental treatment. Such entries shall include:

   - The time of the inmate-patient's assessment.
   - A health history. If a condition reported during this health history presents a problem to the provision of dental treatment, the medical chart shall be reviewed, and if needed, a medical clearance obtained before dental treatment is initiated.
   - A CDCR Form 237 F *Dental Pain Profile* completed by the inmate-patient and reviewed by either the dentist or Registered Nurse (RN).
   - The pertinent history of the inmate-patient's illness or injury.
   - Details of emergency or first aid provided to the inmate-patient.
   - Description of significant clinical, laboratory, and X-ray or other imaging studies.
   - Provisional diagnosis.
   - Informed consent for any invasive dental procedure or treatment other than routine.
   - Any treatment provided or ordered by the MOD or treating dentist.
   - Condition on transfer to an acute hospital, if applicable.
   - Instructions given to inmate-patient.
   - Any planned follow-up care.

9. The dentist who provides either a consultation, an evaluation, or actual treatment for dental emergencies shall sign each UHR entry regarding such services.

10. Emergency dental services shall be performed only by, or as ordered, by a dentist, within the scope of his or her license.

11. Emergency first aid shall be rendered as necessary.

12. Nursing staff may insert oropharyngeal airways and shall provide care only within the scope of their license.

13. Inmate-patients shall be allowed to participate in their dental care whenever possible. Inmate-patients shall receive instruction from the dentist or RN regarding their care, the nature of the illness or injury, and any follow up care that is necessary. The dentist or RN shall document in the inmate-patient's UHR, any instructions given to the inmate-patient.

14. Any inmate-patient needing emergency dental services at another health care facility shall be transported in a safe, secure, and efficient manner.

15. The DOC shall be available 24-hours a day, seven days a week for dental emergency consultation. The R.Ns. shall have current training in first aid, cardiopulmonary resuscitation, and dental assessment criteria.

16. When a dental emergency requires the use of a medical transport vehicle, the clinic RN shall be notified via the institutional telephone system.

C. Dental Emergencies *During* Dental Clinic Operating Hours:

1. Inmate-patients initiating dental emergency requests during dental clinic operating hours shall contact an available or accessible CDCR staff member, who shall then notify the dental clinic of the emergency. Upon notification, this CDCR staff member, in conjunction with the dental clinic staff, shall make arrangements to have the inmate-patient report to the dental clinic on their own, or be escorted to the dental clinic for evaluation. If an inmate-patient is unable to walk, arrangements shall be made to have the inmate-patient transported to the dental clinic or Triage and Treatment Area (TTA) as appropriate.

2. The CDCR staff member shall contact the CD, or designee, to provide direction in those instances when there is not a dentist in the clinic.

3. The dentist shall see these inmate-patients upon their arrival at the dental clinic or TTA to establish the inmate-patient's disposition, and if needed provide treatment. The dentist shall ensure that the inmate-patient is scheduled for any needed follow-up care relating to the dental emergency.

4. The dentist shall record each dental emergency on the CDCR Form 237 C or C-1 in the Subjective, Objective, Assessment, Plan, Education (SOAPE) format. Each entry shall include at a minimum the information outlined in section III.B.8 of this policy. The dentist, or designee, shall file all of the required documentation, upon completion, in the dental section of the inmate-patient's UHR.

5. The dentist shall review and sign a CDCR Form 237 F for each inmate-patient with a dental emergency. If an inmate-patient is unable or refuses to complete the CDCR Form 237 F, the dentist shall complete the form on behalf of the inmate-patient, documenting the complaint and the reason the inmate-patient did not personally complete the form. The dentist, or designee, shall file the CDCR Form 237 F, upon completion, in the dental section of the inmate-patient's UHR.

6. Inmate-patients with a life threatening illness or injury shall receive immediate medical attention.

7. All dental interviews shall be conducted in a confidential manner, subject to security concerns.

D. Dental Emergencies *Outside* Dental Clinic Operating Hours:

1. The Medical Department shall manage dental emergencies occurring outside of dental clinic operating hours. RNs, who have received training in specific emergency protocols under the direction of the CD, shall be notified of dental emergencies by institutional staff, and shall assess inmate-patients to determine the need for emergency dental treatment. The assessment process shall include, but not be limited to:
   - Obtaining an inmate-patient history.
   - Obtaining objective data, including vital signs.
   - Performing a physical assessment.
   - Prioritizing inmate-patient care.
   - Notifying the MOD of the inmate-patient's condition.
2. If in the opinion of the medical staff, the situation requires the attention of a dentist, the MOD, via the medical clinic's RN, shall be responsible for contacting the DOC or CD at the earliest opportunity, to arrange for definitive treatment.
3. Upon contact the DOC or CD might provide or order treatment or might order the inmate-patient's transfer to another treating facility. The DOC or CD might alternately issue orders for care and follow-up for non-emergency conditions.
4. The RN shall review and sign a CDCR Form 237 F for each inmate-patient with a dental emergency. If an inmate-patient is unable or refuses to complete the CDCR Form 237 F, the RN shall complete the form on behalf of the inmate-patient, documenting the complaint and the reason the inmate-patient did not personally complete the form. The RN, or designee, shall file the CDCR Form 237 F, upon completion, in the dental section of the inmate-patient's UHR.
5. The dentist, DOC, or CD contacted outside dental clinic operating hours, regarding a dental emergency, shall record each dental emergency on the CDCR Form 237 C or C-1 in the Subjective, Objective, Assessment, Plan, Education format. Each entry shall include at a minimum the information outlined in sections III.B.8 and III.B.9 of this policy. The dentist, or designee, shall file all of the required documentation, upon completion, in the dental section of the inmate-patient's UHR.
6. The dentist, DOC, or CD contacted outside dental clinic operating hours, regarding a dental emergency, shall ensure that any needed follow-up care is scheduled relating to the dental emergency for which the dentist, DOC, or CD was contacted.
7. The dentist or DOC contacted outside dental clinic operating hours, regarding a dental emergency, shall notify the CD, or designee, on the next working day of the dental emergency contact. This notification shall include, but not be limited to the following:

- Inmate-patient's name
- Inmate-patient's chief complaint
- Diagnosis or provisional diagnosis
- Treatment or action provided or ordered
- Any scheduled follow-up care

E. After Hours Emergency Transfers:

1. When in the opinion of the treating dentist, DOC, or CD it becomes necessary to transfer an inmate-patient to a General Acute Care Hospital (GACH), or other facility for emergency dental services, the RN shall make a written request on a CDCR Form 7252 *Request for Authorization of Temporary Removal for Medical Treatment* and notify the Watch Commander. The RN shall document on the CDCR Form 7252 the following:
   - Inmate-patient's name and CDCR number.
   - Name of receiving GACH or dental facility.
   - Description of the condition necessitating transfer.
   - The dental evaluation or treatment recommended by the DOC.
   - Name of the DOC.
2. The CDCR Form 7252 *Request for authorization of Temporary Removal for Medical Treatment* shall be submitted prior to the transfer, and shall be approved so as to create no undue delays. In a life or death situation, it shall not be necessary to await completion and return of the form. The inmate-patient shall be transferred immediately.
3. The treating dentist, DOC, or CD shall:
   - Contact or have the sending facility RN contact the receiving physician or dentist at the receiving GACH or facility and obtain his or her acceptance of the inmate-patient.
   - Document in the inmate-patient's UHR, a brief history of the illness or injury, treatment received, reason and permission for the transfer, as well as the name of the accepting physician or dentist.
   - Write an order or provide verbal orders to the emergency medical services physician for the transfer of the inmate-patient.
   - Document on the transfer form a brief history of the illness or injury, treatment received and reason for transfer. The RN in the absence of the treating dentist, DOC, or CD shall complete the transfer from.
   - Determine whether an ambulance is necessary, and if so, direct the RN, or designee, to contact the contract ambulance service. If an ambulance is unnecessary, the Watch Commander shall provide a state vehicle for transportation.
4. The Transfer Form shall accompany the inmate-patient to the GACH.

5. The RN, or designee, shall notify the GACH or facility of the impending transfer.

References

Director's Rule: Title 15, Article 8, Section 3351;

Title 17, CCR, Chapter 5, Subchapter 4, Group 1, Article 1 and Section 30106

- Title 22, CCR, Sections 79673, 79675, 79677, 79679

IV. GENERAL GUIDELINES REGARDING DENTAL EMERGENCIES FOR REGISTERED NURSES

1. Standard Operating Procedures for ALL Dental Emergencies

Performed by: Registered Nurse (RN) trained in dental assessment

The RN shall:

- Maintain airway.
- Obtain vital signs.
- Obtain as much information regarding the inmate-patient's medical and psychiatric history as possible. Check present medications, drug allergies and tetanus status.
- Determine the nature and degree of any pain complaint.
- If bleeding, determine whether it is pulsating (arterial) or merely oozing (non-arterial). Apply gauze packs to any uncontrolled bleeding site.
- Keep inmate-patient Nothing By Mouth (NPO).
- Consult physician if inmate-patient is severely hypertensive.
- Telephone the DOC immediately.
- Carry out any written or verbal orders given by the DOC.

For **fracture:** if it is external (bone protruding through skin), contact oral and maxillofacial surgeon immediately or consult with MOD or DOC regarding transport to contract hospital.

For **fracture**, place ice pack on area for 20 minutes, then off for 20 minutes, and continue to alternate.

For **fracture**, keep the inmate-patient lying quietly on the gurney until DOC has determined the disposition.

For **fracture**, instruct inmate to keep jaw immobile.

For **avulsed tooth**, immerse tooth in a container of milk; other mediums in order of choice include saline, or sterile water.

For **oral infection**, **post-extraction bleeding**, and **acute dental pain**, keep the inmate-patient sitting in a chair or supine with head elevated until the DOC has determined the disposition.

For **aspirated or swallowed tooth**, keep the inmate-patient sitting upright or standing until DOC has determined the disposition.

For **aspirated or swallowed tooth**, contact emergency medical services physician for assistance.

For **aspirated or swallowed tooth**, try to keep inmate-patient calm.

For **post-extraction**, caution inmate-patient not to spit or lie down flat.

For **post-extraction bleeding**, instruct inmate-patient to bite firmly on one or two pieces of sterile 4 x 4 gauze at the extraction site with maximum pressure for a minimum of 30 minutes. Replace the gauze pack if it becomes saturated with blood.

For **post-extraction bleeding**, take and record vital signs every 15 minutes until stable.

Documentation: The nurse shall document in the UHR the history, general physical status, vital signs; the time dentist and/or physician was notified; all findings of tests performed and results; the assessment and any treatment, procedure or medication administered, and the inmate-patient's tolerance to these items; disposition and any follow-up care.

Reference: Title 22 CCR, Sections 79673, 79675, 79677, 79679

2. Standard Operating Procedures for Specific Emergencies

ALVUSED TOOTH

Performed By: RN trained in dental assessment

Procedure: The RN shall:

- Maintain airway.
- Obtain vital signs.
- Obtain as much information regarding the inmate-patient's medical and psychiatric history as possible. Check present medications, drug allergies and tetanus status.
- Determine the nature and degree of any pain complaint:

  Pain: ☐present ☐absent ☐localized ☐diffuse

  Duration of pain: ☐ seconds ☐ minutes

  Pain is: ☐ sharp ☐ dull ☐ throbbing ☐ spontaneous ☐ intermittent ☐ continuous
- If bleeding, determine whether it is pulsating (arterial) or merely oozing (non-arterial). Apply gauze pack to any uncontrolled bleeding site.
- Immerse tooth in a container of milk; other mediums in order of choice include saline or sterile water.
- The possibility of successful re-implantation declines rapidly with time. After two hours post-avulsion it is rarely possible to save the tooth.
- Keep inmate-patient NPO.
- Consult physician if inmate-patient is severely hypertensive.
- Telephone the DOC immediately.
- Carry out any written or verbal orders given by the DOC.

Documentation: The nurse shall document in the UHR the history, general physical status, and vital signs; the time the dentist and/or physician was notified; all findings of tests performed and results; the assessment and any treatment, procedure or medication administered, and the inmate-patient's tolerance to these items; disposition and any follow-up care.

Equipment/Supplies: Milk, saline, sterile water, sterile gauze

Reference: Title 22, CCR, Section 79673, 79675, 79677, 79679

FRACTURES: MAXILLA, ZYGOMA, ZYGOMATAIC ARCH, MANDIBLE

Performed By: RN trained in dental assessment

Procedure: The RN shall:

- Maintain airway.
- Obtain vital signs.
- Obtain as much information regarding the inmate-patient's medical and psychiatric history as possible. Check present medications, drug allergies and tetanus status.
- Determine the nature and degree of any pain complaint.
- If bleeding, determine whether it is pulsating (arterial) or merely oozing (non-arterial). Apply gauze pack to any uncontrolled bleeding site.
- Keep inmate-patient NPO.
- Consult physician if inmate-patient is severely hypertensive.
- Instruct inmate to keep jaw immobile.
- Telephone the DOC immediately.
- If fracture is external (bone protruding through skin), contact oral and maxillofacial surgeon immediately or consult with MOD or DOC regarding transport to contract hospital.
- Place ice pack on area for 20 minutes, then off for 20 minutes, and continue to alternate until the DOC has determined the disposition.
- Keep the inmate-patient lying quietly on the gurney until DOC has determined the disposition.
- If surgical reduction is necessary but cannot be provided in a timely manner the inmate-patient may be kept comfortable with pain medication, antibiotics, and a liquid diet until treatment can be initiated. The patient should be followed daily until treatment is initiated.
- Carry out any written or verbal orders given by the DOC.

Documentation: The nurse shall document in the UHR, the history, general physical status, vital signs; the time the dentist and/or physician was notified; all findings of tests performed and results; the assessment and any treatment, procedure or medication administered, and the inmate-patient's tolerance to these items; disposition and any follow-up care.

Equipment/Supplies: Ice pack, gauze, gurney

Reference: Title 22 CCR, Sections 79673, 79675, 79677, 79679

3.

ORAL INFECTION

Performed By: RN trained in dental assessment

Procedure:

- The RN shall:
- Maintain airway.
- Obtain vital signs.
- Obtain as much information regarding the inmate-patient's medical and psychiatric history as possible. Check present medications, drug allergies and tetanus status.
- Determine the nature and degree of any pain complaint:

  Pain: ☐present ☐absent ☐localized ☐diffuse

  Duration of pain: ☐ seconds ☐ minutes

  Pain is: ☐ sharp ☐ dull ☐ throbbing ☐ spontaneous ☐ intermittent ☐ continuous
- If bleeding, determine whether it is pulsating (arterial) or merely oozing (non-arterial). Apply gauze pack to any uncontrolled bleeding site.
- Keep inmate-patient NPO.
- Consult physician if inmate-patient is severely hypertensive.
- Telephone on-call dentist immediately.
- Keep the inmate-patient sitting in a chair or supine with head elevated until the DOC has determined the disposition.
- Carry out any written or verbal orders given by the DOC.
- Prompt initiation of appropriate antibiotic therapy is imperative as well as the application of internal (hourly warm water rinses) and external heat (warm compresses) to the infected area.

Documentation: The nurse shall document in the UHR the history, general physical status, vital signs; the time the dentist and/or physician was notified; all findings of tests performed and results; the assessment and any treatment, procedure or medication administered, and the inmate-patient's tolerance to these items; disposition and any follow-up care.

Equipment/Supplies: Sterile gauze, warm water, warm compresses.

Reference: Title 22, CCR, Sections 79673, 79675, 79677, 79679

POST-EXTRACTION BLEEDING

Performed By: RN trained in dental assessment

Procedure: The RN shall:

- Maintain airway.
- Obtain vital signs.
- Obtain as much information regarding the inmate-patient's medical and psychiatric history as possible. Check present medications, drug allergies and tetanus status.
- Determine the nature and degree of any pain complaint:

  Pain: ☐present ☐absent ☐localized ☐diffuse

  Duration of pain: ☐ seconds ☐ minutes

  Pain is: ☐ sharp ☐ dull ☐ throbbing ☐ spontaneous ☐ intermittent ☐ continuous
- Determine the bleeding whether it is pulsating (arterial) or merely oozing (non-arterial). Apply gauze pack to any uncontrolled bleeding site.
- Keep inmate-patient NPO.
- Consult physician if inmate-patient is severely hypertensive.
- Telephone on-call dentist immediately.
- Keep the inmate-patient sitting in a chair or supine with head elevated until the DOC has determined the disposition.
- Caution inmate-patient not to spit or lie down flat.
- Instruct inmate-patient to bite firmly on one or two pieces of sterile 4 x 4 gauze at the extraction site with maximum pressure for a minimum of 30 minutes. Replace the gauze pack if it becomes saturated with blood.
- Take and record vital signs every 15 minutes until stable.
- Carry out any written or verbal orders given by the DOC.

Documentation: The nurse shall document in the UHR, the history, general physical status, vital signs; the time the dentist and/or physician was notified; all findings of tests performed and results; the assessment and any treatment, procedure or medication administered, and the inmate-patient's tolerance to these items; disposition and any follow-up care.

Equipment/Supplies: Sterile gauze

Reference: Title 22, CCR, Sections 79673, 79675, 79677, 79679

ACUTE DENTAL PAIN

Performed By: RN trained in dental assessment

Procedure: The RN shall:

- Maintain airway.
- Obtain vital signs.
- Obtain as much information regarding the inmate-patient's medical and psychiatric history as possible. Check present medications, drug allergies and tetanus status.
- Determine the nature and degree of any pain complaint:

  Pain: ☐present ☐absent ☐localized ☐diffuse

  Duration of pain: ☐ seconds ☐ minutes

  Pain is: ☐ sharp ☐ dull ☐ throbbing ☐ spontaneous ☐ intermittent ☐ continuous
- Increased by: ☐sweet ☐sour ☐cold ☐heat ☐pressure ☐lying down flat ☐ medication
- Decreased by: ☐sweet ☐sour ☐cold ☐heat ☐pressure ☐lying down flat ☐ medication
- If bleeding, determine whether it is pulsating (arterial) or merely oozing (non-arterial). Apply gauze pack to any uncontrolled bleeding site.
- Keep inmate-patient NPO.
- Consult physician if inmate-patient is severely hypertensive.
- Telephone the DOC immediately.
- Keep the inmate-patient sitting in a chair or supine with head elevated until the DOC has determined the disposition.
- Carry out any written or verbal orders given by the DOC.

Acute dental pain is the common result of tooth injury, traumatic pulpitis, or fracture. Early administration of appropriate antibiotics is imperative if infection is suspected

Documentation: The nurse shall document in the UHR, the history, general physical status, vital signs; the time the dentist and/or physician was notified; all findings of tests performed and results; the assessment and any treatment, procedure or medication administered, and the inmate-patient's tolerance to these items; disposition and any follow-up care.

Equipment/Supplies: Sterile gauze

Reference: Title 22, CCR, Sections 79673, 79675, 79677, 79679

4.

ACUTE TMJ/TMD PAIN

Performed By: RN trained in dental assessment

Procedure: The RN shall:

- Maintain airway.
- Obtain vital signs.
- Obtain as much information regarding the inmate-patient's medical and psychiatric history as possible. Check present medications, drug allergies and tetanus status.
- Determine the nature and degree of any pain complaint:

  Pain: ☐present ☐absent ☐localized ☐diffuse

  Duration of pain: ☐ seconds ☐ minutes

  Pain is: ☐ sharp ☐ dull ☐ throbbing ☐ spontaneous ☐ intermittent ☐ continuous
- If bleeding, determine whether it is pulsating (arterial) or merely oozing (non-arterial).
- Keep inmate-patient NPO if sedation or general anesthesia is anticipated.
- Consult physician if inmate-patient is severely hypertensive.
- Telephone the DOC immediately.
- Carry out any written or verbal orders given by the DOC.

If the condyles are dislocated early reduction is essential.

Documentation: The nurse shall document in the UHR, the history, general physical status, vital signs; the time the dentist and/or physician was notified; all findings of tests performed and results; the assessment and any treatment, procedure or medication administered, and the inmate-patient's tolerance to these items; disposition and any follow-up care.

Equipment/Supplies: N/A

Reference: Title 22, CCR, Sections 79673, 79675, 79677, 79679

ASPIRATING OR SWALLOWING A TOOTH

Performed By: RN trained in dental assessment

Procedure: The RN shall:

- Maintain airway.
- Obtain vital signs.
- Obtain as much information regarding the inmate-patient's medical and psychiatric history as possible. Check present medications, drug allergies and tetanus status.
- Determine the nature and degree of any pain complaint:

  Pain: ☐present ☐absent ☐localized ☐diffuse

  Duration of pain: ☐ seconds ☐ minutes
- If bleeding, determine whether it is pulsating (arterial) or merely oozing (non-arterial). Apply gauze pack to any uncontrolled bleeding site.
- Keep inmate-patient NPO.
- Chest and abdominal radiographs are essential to determine the location of the tooth with immediate referral to the appropriate physician or hospital if aspiration has occurred.
- Contact emergency medical services physician for assistance.
- Consult physician if inmate-patient is severely hypertensive.
- Telephone DOC immediately.
- Keep the inmate-patient sitting upright or standing until DOC has determined the disposition.
- Try to keep inmate-patient calm.
- Carry out any written or verbal orders given by the DOC.

Documentation: The nurse shall document in the UHR, the history, general physical status, vital signs; the time the dentist and/or physician was notified, all findings of tests performed and results; the assessment and any treatment, procedure or medication administered, and the inmate-patient's tolerance to these items; disposition and any follow-up care.

Equipment/Supplies: Sterile gauze

Reference: Title 22, CCR, Sections 79673, 79675, 79677, 79679

ACRONYM TABLE

ACLS	Advanced Cardiac Life Support
CCR	California Code of Regulations
CDCR	California Department of Corrections and Rehabilitation
CTC	Correctional Treatment Center
DOC	Dentist on Call
GACH	General Acute Care Hospital
LVN	Licensed Vocational Nurse
MOD	Medical Officer of the Day
MEC	Medical Executive Committee
MTA	Medical Technician Assistant
NPO	Nothing by Mouth
PCPC	Patient Care Policy Committee
R.N.	Registered Nurse
TMD	Temporomandibular Joint Disorder
TMJ	Temporomandibular Joint
UHR	Unit Health Records

Chapter 5.11
Direct Medical Orders (E)

I. POLICY

California Department of Corrections and Rehabilitation (CDCR) Division of Correctional Health Care Services (DCHCS) personnel's issuance of and compliance with all direct medical orders must be consistent with applicable statues, standards, and administrative policy.

II. PURPOSE

To ensure that CDCR DCHCS personnel are in compliance with applicable State law in regard to direct medical orders.

III. PROCEDURE

A. Licensed health care staff who, by virtue of their license, are authorized by law or regulations to issue direct medical orders must:

1. Write and sign all orders they issue, or
2. Verbally communicate such orders to appropriate health care providers, and sign these orders during the next patient visit as specified by the California Board of Medical and Dental Examiners.
3. In the absence of the ordering health care provider, verbal orders may be countersigned by a non-ordering dentist or physician.

B. Modifications to direct medical orders must be authorized by a licensed practitioner.

CHAPTER 5.12
Therapeutic Diets (E)

I. POLICY

The California Department of Corrections and Rehabilitation (CDCR) shall provide inmate-patients with supplemental nutritional support when medically necessary.

II. PURPOSE

To establish and maintain a system whereby inmate-patients are supplied with nutritional support when medically necessary. Nutritional support shall be defined as:

Therapeutic Diets: Special meals prepared under the direction of a Clinical Dietitian for inpatients admitted to a licensed general acute care hospital, skilled nursing facility, correctional treatment center bed, or recognized outpatient renal program.

Nourishment Bags: Standardized food items, in addition to the standard meal, provided for inmate-patients who have certain diseases or medical conditions.

Supplements: High caloric drinks or high caloric foods bars, provided in addition to or in the place of the standard meal, for inmate-patients with certain diseases or medical conditions.

III. PROCEDURE

A. A Physician's Order shall be written for all therapeutic diets, nourishment bags, and supplements.

B. All inmate-patients shall be allowed to make food choices from among items provided in the standard meal. Outpatient therapeutic diets shall only be prescribed at specific institutions that provide special diets for end stage renal disease, liver disease, or heart disease.

C. Physicians and dentists must advise and/or educate inmate-patients about making food choices from the standard meal that are consistent with the inmate-patient's disease(s) or medical condition(s). Physicians and dentists must also counsel inmate-patients about the ramifications of non-compliance with recommended dietary modifications. Any such counseling must be documented in the medical or dental Progress Notes portion of the Unit Health Record.

D. All institutions, except as mandated by court order, shall implement the following policies:

1. Health Care Managers (HCM) shall require that:

   a. Physicians prescribe a therapeutic diet if medically indicated. These diets shall follow California Department of Health Services' licensure regulations, and the facility diet manual and menu plan as approved by the Clinical Dietitian.

b. Consistent with medical necessity, physicians shall prepare a written order (including a stop date) for supplements and nourishment bags for inmate-patients who are pregnant, diabetic, immunocompromised, in end-stage liver disease, in kidney failure, malnourished, or with oropharyngeal conditions resulting in difficulty eating regular diets.

c. A physician or his/her designee shall advise inmate-patients, whose disease or medical condition can be stabilized by dietary modification, about making selections from the standard meal.

d. Physicians shall adhere to the chart of standardized nourishment bags and supplements, for inmate-patients with special dietary needs who are making food selections from the standard meal.

e. Consistent with dental necessity, dentists shall prepare a written order (including a stop date) for dietary supplements for inmate-patients with conditions resulting in difficulty eating regular diets.

2. Institutions Division, through Facility Wardens and Food Managers, shall maintain a system whereby:

   a. The CDCR Food Plan and standardized departmental menus, and recipes are consistently followed by Food Services, enabling inmate-patients who have been advised about making dietary modifications to select items from the standard meal.

   b. Substitutions to the master menu shall be made in a manner that is consistent with the nutrition guidelines of the CDCR.

3. Administrative Services Division, through the Departmental Food Administrator, shall maintain a Food Services Program whereby:

   a. The CDCR Food Plan meets the dietary needs of most inmate-patients by providing a "Heart Healthy," low fat, low salt diet.

   b. A nutritional analysis of the CDCR Food Plan is performed whenever menu changes are made in order to ensure that the standard meals remain "Heart Healthy."

   c. Standardized Departmental recipes are maintained, consistent with the CDCR Food Plan.

CHAPTER 5.13
Pharmaceuticals (E)

I. POLICY

The California Department of Corrections and Rehabilitation (CDCR) Pharmacy Services shall ensure that the pharmaceutical needs of the facility dental clinics are met, and are in accordance with all applicable State and Federal regulations regarding prescribing, dispensing, administering, and procuring pharmaceuticals.

II. PURPOSE

To establish guidelines and procedures for the purpose of ensuring that the pharmaceutical needs of CDCR facility dental clinics are adequately met.

III. PROCEDURE

A. General Pharmaceutical Procedures

1. Each facility will maintain a current copy of the Pharmacy Operational Procedure Manual.
2. It is the responsibility of the Director of Pharmacy Services to ensure that the manual is reviewed annually and remains current.
3. At a minimum, the manual will contain information on the following:
   a. Development and subsequent updating of a facility formulary or drug list for pharmaceuticals stocked by the institution. The formulary also shall include information about the availability of and the methods for procuring non-formulary medications.
   b. Protocols whereby medication orders may only be written by licensed Health Care Services staff for treatment modalities within the scope of each practitioner's license, and only by those health care staff credentialed by and having privileges at the local institution.
   c. Procurement, dispensing, distribution, administration, and disposal of pharmaceuticals.
   d. Maintenance of records as necessary to ensure adequate control of and accountability for all drugs and which ensure that areas are devoid of medications that are outdated, discontinued, or recalled.
   e. Maximum-security storage of and accountability for Drug Enforcement Agency (DEA) controlled substances as well as for needles, syringes, and other items that are likely to be subject to abuse.

f. Automatic drug stop orders or required periodic review of all orders for DEA controlled substances, psychotropic drugs, or any other drug that should be restricted because it lends itself to abuse or which is prescribed as a Directly Observed Therapy (DOT) medication.

g. A method for notifying the prescribing health care provider of the impending expiration of a drug order so that the practitioner can determine whether the drug administration is to be continued or altered.

h. Administration of drugs only upon the order of a physician, dentist, or other authorized individual with designated privileges.

i. The prescribing of psychotropic or behavior-modifying medications only when clinically indicated (as one facet of a program of therapy) and not for disciplinary reasons.

j. Maintaining all medications under the control of appropriate staff members. Inmates shall not prepare, dispense or administer medications except for self-medication programs approved by the prison administrator and the prescribing health care provider, (e.g., "keep-on-person" or "carry med" programs).

B. Dental Clinic Pharmaceutical Procedures

1. CDCR dental departments shall only store, stock, package, and dispense medications to inmate-patients in accordance with all applicable State and Federal regulations. The California Business and Professions Code, sections 4170, 4076 to 4078, and 4080 to 4081 shall be adhered to at all times in matters of medication handling. Controlled Substances (Schedules II, III, and IV) shall not be stored, stocked, or packaged by dental staff.
2. Only CDCR dentists, and other licensed health care staff, in accordance with State and Federal regulations, may prescribe and/or administer medications to inmate-patients.
3. Each institution pharmacy shall accurately fill prescriptions in a timely manner so that licensed Health Care Services Staff can give the correct inmate-patient the correct medication in the correct dose at the correct time.
4. Each institution pharmacy shall provide pre-packaged prescription medications (e.g., analgesics and antibiotics) for CDCR dentists to dispense to inmate-patients as 'carry meds.' The same procedures below for writing a prescription shall be used for medications issued to inmate-patients as 'carry meds.' The prescription on the Physician's Order shall be clearly marked "Dispensed." This will alert pharmacy staff so that a duplicate batch of medications is not issued to the inmate-patient.
5. Medications issued to inmate-patients as 'carry meds' shall be documented on the CDCR Form 7438 *Dental Pharmaceutical Record Log.*
6. Dental assistants and dental laboratory technicians shall not administer prescribed dental medications to inmate-patients.
7. All dental prescriptions shall be written by a dentist on CDCR Form 7221 *Physician's Orders* and shall be documented in the Unit Health Record (UHR) in the Progress Notes section of the CDCR Form 237 C, or CDCR Form 237 C-1.

a. On CDCR Form 7221 Physician's Orders, the dentist shall enter the date, time of order, condition for which the medication was ordered, drug name, strength, number of doses, frequency of dose, and route of administration.

b. Each dentist shall use one line at a time and shall not skip lines.

c. Only medications from the approved list of drugs contained in the CDCR *Drug Formulary* shall be prescribed for inmate-patients.

d. Each dentist shall:

1) Write legibly.

2) Use a name stamp or print their name.

3) Sign their name after writing the order(s).

8. Stat orders may be filled by hand carrying the *Physician's Orders* form to the pharmacy or by giving it to the nurse, or Medical Technical Assistant located in each unit for immediate delivery to the pharmacy.

Chapter 5.14
Access to Care (E)

I. POLICY

The California Department of Corrections and Rehabilitation (CDCR) Division of Correctional Health Care Services (DCHCS) shall ensure that all inmate-patients are provided access to dental care. The Chief Dentist (CD), Dental Program, DCHCS shall be responsible for developing policies and procedures that ensure all inmates receive equal access to dental care.

II. PURPOSE

To ensure that CDCR inmates have timely and equal access to dental care by utilizing a system that provides guidelines enabling inmates to receive dental care based on medical necessity.

III. DISCUSSION

For the purpose of this policy, access to care means that an inmate-patient can be seen by a clinician in a timely manner, be given a professional clinical judgment, and receive medically necessary care. The CD, or designee, shall ensure access to dental care for all inmate-patients by identifying and eliminating any unreasonable barriers that obstruct the availability of dental services. Unreasonable barriers to an inmate's access to health services are to be avoided. Examples of unreasonable barriers include the following:

- Punishing inmates for seeking care for their serious health needs.
- Assessing excessive co-payment charges to prevent or deter inmates from seeking care for their serious health needs.
- Deterring or obstructing inmates from seeking or receiving care for their serious health needs.

Dental Clinics

All inmates shall be informed via the DCHCS CDCR *Inmate-Patient Orientation Handbook to Health Care Services* and the Facility Level Dental Health Orientation/Self-Care Program, (Reference: Chapter 2.13 *Facility Level Dental Health Orientation/Self-Care Program*) of the facility dental services available to them.

The Institution Dental Health and Self-Care Educator (IDHSCE), or dental assistant designee, shall review the inmate-patient's Unit Health Record (UHR) upon arrival at a new CDCR facility for urgent (Priority 1) dental needs, (Reference: Chapter 5.9 *Continuity of Care*).

All inmates shall have equal access to dental services by:

- Submitting a CDCR Form 7362 requesting dental care.
- Unscheduled dental visits for emergency and urgent (Priority 1) dental services.

- Referral from other health care providers, ancillary, and custodial staff.
- Ducated dental triages to have specific complaints addressed.
- Receiving a dental treatment priority based on clinical findings and radiographs. All inmate-patients shall be eligible to receive dental treatment based on their assigned dental treatment priority. Dental treatment priorities are defined in Chapter 5.4~~:~~ *Dental Treatment Priorities*.
- Each inmate-patient who requires special dental needs shall have treatment initiated or scheduled regardless of length of incarceration after approval by the Dental Authorization Review Committee.

IV. PROCEDURE

A. General Requirements

1. Each dental clinic shall maintain a minimum staffing ratio of one dentist and one dental assistant per 515 inmates.
2. Dental services shall be available at least eight hours per day, Monday through Friday, excluding holidays. Clinics shall operate a minimum of eight hours per day and shall remain open until all authorized emergency, scheduled urgent care (Priority 1), and ducated inmate-patients have been seen.
3. Inmate-patients are expected to initiate access to dental services utilizing the CDCR Form 7362 *Request for Medical/Dental Services*. The CDCR Form 7362 shall be available to inmate-patients in the housing units, clinics, Reception Center, and from Health Care (HC) staff. The CDCR Form 7362 is a confidential medical document used to assess the priority of the request and to access the appropriate discipline or provider.
4. Each institution shall have at least one locked box on each yard/facility designated for depositing the CDCR Form 7362 by the inmate-patient.
5. If an inmate-patient is unable or refuses to complete a request form, HC staff shall complete the form on behalf of the inmate-patient, documenting the complaint and the reason the inmate-patient did not personally complete the form. In this instance, the HC staff member completing the CDCR Form 7362 must sign and date the form.
6. Special procedures will be implemented to ensure that inmates who have difficulty communicating (e.g., those who are non-English proficient, developmentally disabled, illiterate, mentally ill, or hearing impaired) have equal access to dental services. Translation services (including sign language) shall be available for inmate-patients, as necessary, via bilingual health care staff or by utilizing a certified interpretation service (i.e. AT&T Translation Services) when bilingual health care staff are unavailable. Each institution shall maintain a contract for certified interpretation services, (Reference: Chapter 5.6 *Interpreter Services – Monolingual/Non-English Speaking Inmates*).
7. The CD shall make arrangements with the custody unit supervisor to have inmate-patients with emergent and urgent (Priority 1) requests, as determined by the dentist

and/or health care provider, report to the clinic on their own or escorted to the dental clinic for evaluation. If an inmate-patient is unable to walk, arrangements shall be made to have the inmate-patient transported to the dental clinic or Triage and Treatment Area (TTA) as appropriate. The dentist shall see these inmate-patients upon their arrival at the clinic, and if needed provide treatment. All dental interviews shall be conducted in a confidential manner, subject to security concerns.

8. In cases of dental emergencies, inmate-patients shall receive dental services without submitting a CDCR Form 7362. Inmate-patients may access emergency care by making their needs known to custody or HC staff. Inmate-patients with a life threatening illness or injury shall receive immediate medical attention.

9. Dental assistants shall not make dental assessments exceeding their scope of license, training, or departmental policies.

B. CDCR Form 7362 Collection, Triage, and Distribution

1. Mondays through Fridays the following shall occur:

   a. A health care staff member shall pick up the CDCR Form 7362's daily.

   b. After returning to the clinic, the Registered Nurse (RN)/Medical Technical Assistant (MTA) shall initial and date the request forms.

   c. The CDCR Form 7362's shall be separated, distributed by service requested (e.g., medical, dental, or mental health), and forwarded to their respective areas for processing.

   d. A dental staff member shall enter each CDCR Form 7362 requesting dental services in the CDCR Form 7433 Request for Dental Treatment Log (RDTL). The dentist shall review, initial, date, and record the dental priority classification on all requests for dental services daily, within one day with the exception of weekends and holidays of its receipt by the dental clinic, to establish dental priorities of an emergent (Emergency) or urgent (Priority 1) nature. In those instances when there is not a dentist in the clinic, the CD shall be notified to provide direction.

   e. Inmate-patients with dental emergencies during dental clinic operation hours shall be seen by a dentist on the same day to establish disposition and provide treatment if needed. Inmate-patients with dental emergencies after dental clinic operation hours shall be managed by the Medical Department. If in the opinion of the medical staff, the situation requires the attention of a dentist, the Medical Officer of the Day, via the medical clinic's RN, shall be responsible for contacting the on-call dentist at the earliest opportunity, to arrange for treatment. Upon contact the on-call dentist shall arrange to see the inmate-patient as soon as possible.

   f. All other inmate-patients with dental needs will be seen within the timeframes established by Chapter 5.3 *Recording and Scheduling Dental Patient Visits.*

2. On weekends and holidays the following shall occur:

   a. The TTA RN shall review each CDCR Form 7362 for medical, dental, and mental health services; shall establish medical priorities on an emergent and non-emergent basis; and shall refer accordingly to the appropriate health care staff.

   b. If a dentist is not available, then the TTA RN shall contact the physician on call.

C. Dental Triage Line

1. The dental triage line, which shall be held in order to assess and diagnose an inmate-patient's chief complaint and to provide treatment if necessary, shall consist of the following:

   - Inmate-patients who have submitted a CDCR Form 7362;
   - Inmate-patients with a dental emergency that walk-in or are called-in by custody staff;
   - Health care and custody staff referrals of inmate-patients with a dental emergency.

2. The dentist shall conduct a "Dental Triage Line" by ducating an inmate-patient to the dental department for dental triage. For each inmate-patient requesting dental services, the dentist, or designee, shall at minimum document the following information on the CDCR Form 237 C or C-1: the nature and history of complaint, current medical history review, response to the inmate-patient, vital signs, and physical findings. Documentation recorded on the CDCR Form 237 C or C-1 shall be in the Subjective, Objective, Assessment, Plan, Education (SOAPE) format, (Reference: Chapter 6.1 *Health Records Organization and Maintenance*). In addition, for each inmate-patient requesting dental services the dentist shall initial and date the CDCR Form 7362 at the time of the dental triage. When documentation is completed, the dentist, or designee, shall file the CDCR Form 7362 and the CDCR Form 237 C or C-1 in the dental section of the inmate-patient's UHR.

3. For inmate-patients with a dental treatment Priority 1, a dentist shall complete a dental triage within 72 hours, with the exception of weekends and holidays, after receipt of the inmate-patient's CDCR Form 7362 in the dental clinic. For all other inmate-patients, a dentist shall complete a dental triage within ten days, with the exception of weekends and holidays, after receipt of the inmate-patient's CDCR Form 7362 in the dental clinic.

4. Dental triages conducted as a result of dental emergency walk-ins or call-ins; or health care or custody staff referrals shall be documented on the CDCR Form 237 F *Dental Pain Profile* and the CDCR Form 237 C or C-1. Each inmate-patient presenting to the dental clinic for a dental triage of a dental emergency shall complete a CDCR Form 237 F before the triage is conducted. The dentist shall review and sign the CDCR Form 237 F before completing the dental triage. If an inmate-patient is unable or refuses to complete the CDCR Form 237 F, the dentist shall complete the form on behalf of the inmate-patient, documenting the complaint and the reason the inmate-patient did not personally complete the form. Documentation recorded on the CDCR Form 237 C or C-1 shall be in the SOAPE format. When documentation is completed, the dentist, or designee, shall file

the CDCR Form 237 F and the 237 C or C-1 in the dental section of the inmate-patient's UHR.

5. If the inmate-patient fails to report for the dental triage the dentist, or designee, shall follow the policy for "Failure to Report for Dental Ducats" as outlined in Chapter 5.2 *Priority Health Care Services Ducat Utilization.*

6. Once a dentist has completed the dental triage, dental treatment shall be provided at the same appointment if necessary, or shall be provided within the timeframes indicated for the inmate-patient's dental priority, (Reference Chapter 5.4 *Dental Treatment* Priorities).

7. The dentist shall complete the *Inmate Co-payment for Health Care Services* section of the CDCR Form 7362, as outlined in Chapter 5.1 *Inmate Co-payment for Health Care Services* for each dental triage conducted on an inmate-patient, (Authority: Title 15, Section 3354.2).

D. Dental Appointments

1. The office technician, dental assistant, or designee, under the direction of the dentist, shall prepare the dental care ducat lists for dental appointments no later than one day prior to the scheduled visit. Inmate-patients scheduled for dental appointments shall be ducated at designated intervals. Inmate-patients shall receive a ducat prior to their scheduled appointment, and shall arrive at the clinic at the specified time on the ducat. All health care ducats are to be considered priority ducats in order to facilitate access to dental care, (Chapter 5.2 *Priority Health Care Services Ducat Utilization*).

2. A list of UHR's necessary for dental appointments shall be generated from the dental clinics. Dental clinic staff shall forward this list to Health Record Services one day prior to the scheduled appointments. The UHR shall be available when the patient is seen except in exceptional circumstances, (e.g., out to court and newly arriving inmate-patients).

3. Each inmate-patient requesting dental services shall be seen if he or she is ducated and arrives at the clinic for their scheduled appointment, unless the CD, or designee, cancels the appointment.

4. In the event of the dentist's absence, and other staff dentists are unable to cover his or her appointments in the clinic, such appointments may be canceled only with the approval of the CD, or designee.

5. If an inmate-patient fails to show for a dental appointment, then the dentist, or designee, shall follow the policy for "Failure to Report for Dental Ducats" as outlined in Chapter 5.2 *Priority Health Care Services Ducat Utilization.*

E. Required Staff Members for Inmate-Patient Dental Visits

A minimum of two staff members shall be present in the dental operatory when an inmate-patient is there. Each staff member shall be present in the dental operatory for the duration of the visit.

F. Inmate-Patient Dental Visits with Opposite Gender Dental Staff

Whenever possible, a staff member of the same gender as the inmate-patient shall be present in the dental operatory when an inmate-patient is there. The staff member of the same gender as the inmate-patient shall be present for the duration of the dental visit and shall be identified by name and recorded in the CDCR Form 237 C or C-1.

G. Lockdown

1. During a facility or prison lockdown, dental staff shall coordinate with the clinic RN/MTA and custody staff to facilitate continuity of care. A lockdown shall not prevent the completion of scheduled dental appointments, and custody personnel shall escort the inmate-patient to the dental clinic, subject to security concerns.

2. In facilities/housing units on lock down status, a system shall be maintained to provide inmate-patients access to health care services. Access to health care services shall be accomplished via daily rounds by HC staff and daily collection of CDCR Form 7362's. The HC staff shall refer all inmate-patients requiring dental treatment to the dental clinic for evaluation and treatment.

3. Inmate-patients in Restricted Housing Units (RHU) (i.e. Administrative Segregation, Security Housing, Psychiatric Services, Protective Housing), shall have access to CDCR Form 7362's. The inmate-patients shall be provided a method for depositing the CDCR Form 7362 in the locked box for daily pick up by HC staff or the CDCR Forms 7362 shall be collected by the RN/MTA/ Licensed Psychiatric Technician (LPT) during the daily rounds in the RHU. The RN/MTA/LPT shall refer all inmate-patients requiring dental treatment to the dental clinic for evaluation and treatment.

Chapter 5.15
Dental Care (E)

I. POLICY

The California Department of Corrections and Rehabilitation (CDCR) shall provide medically necessary dental care for all inmates in a timely manner, under the direction and supervision of dentists licensed by the Board of Dental Examiners of the State of California. Such care shall be based on medical necessity and supported by outcome data as effective dental care.

II. PURPOSE

To determine and define the scope of CDCR dental services and to establish procedures and guidelines for the delivery of dental care to inmates incarcerated in CDCR facilities.

III. DEFINITIONS

***Medically Necessary*:** health care services that are determined by the attending dentist, or other licensed health care provider, to be reasonable and necessary to protect life, prevent significant illness or disability, or alleviate severe pain, and that are supported by health outcome data as being effective medical care.

***Outcome Study*:** the definition, collection, and analysis of comparable data, based on variations in treatment, concerning patient health assessment for purposes of improving outcomes and identifying cost-effective alternatives.

***Outcome Data*:** statistics, such as diagnoses, procedures, discharge status, length of hospital stay, and morbidity and mortality of patients that are collected and evaluated through the use of scientific methodologies and expert clinical judgment for the purposes of producing outcome studies.

***Severe Pain*:** a degree of discomfort that significantly disables the patient from reasonable independent function.

***Significant Illness and Disability*:** a medical condition that causes, or may cause if left untreated, a severe limitation of function or the ability to perform daily life activities or that may cause premature death.

IV. PROCEDURE

Dental screenings at Reception Centers, and/or dental examinations and treatment plan formulations at Mainline Institutions shall be performed by a licensed dentist.

Within 60 days of assignment to a Reception Center facility, all inmates shall receive a dental screening as part of their initial health assessment. Inmate-patients shall also receive dental

health education in the form of a pamphlet on oral health self-care. The dental screening results shall be recorded on CDCR Form 237 A and the screening dentist shall review the results with the inmate-patient.

Within 90 days of assignment to a Mainline Institution, all inmates shall receive a complete dental examination. The attending dentist shall order and interpret all necessary radiographs for each inmate-patient, and if indicated, shall formulate a dental treatment plan. When a treatment plan is proposed, the attending dentist shall provide the inmate-patient with an explanation of the advantages and disadvantages of the treatment plan.

The results of the Mainline Institution complete dental examination and the inmate-patient's treatment dental priority classification shall be recorded in the dental section of the inmate-patient's Unit Health Record (UHR) on CDCR Forms 237 B, 237 C, or C-1. The dental examination shall include:

- A health history.
- Charting of the existing teeth and restorations.
- Radiographs as needed. Radiographs shall be labeled with the inmate-patient's name, CDCR number, date of birth, and date radiograph was taken.
- Charting of dental decay.
- An examination of the hard and soft tissues of the oral cavity with a mouth mirror, explorer, and adequate illumination, as part of an oral cancer screening.
- Determination of the inmates' dental plaque score.
- A periodontal examination.

All inmate-patients assigned to a Mainline Facility shall receive oral hygiene instruction and dental health education by a dental assistant or other properly trained health care personnel. This instruction shall consist of measures to assist the inmate-patient in caring for his or her own oral health, such as instruction in the proper brushing and flossing of teeth and in proper nutrition for dental health.

Routine rehabilitative care shall be provided as clinically indicated and documented in the dental treatment plan. This type of care shall be provided at Mainline Institutions and shall include:

- Diagnosis and treatment of periodontal conditions.
- Dental Restorative Services.
- Endodontic Services.
- Prosthodontic Services.

Re-admitted inmates who received a dental examination at a Mainline Institution within the past six months, shall not receive a new examination, except as determined by the Chief Dentist (CD).

Transferred inmates who have already received a complete dental examination at a Mainline Institution shall not be re-examined upon transfer from one CDCR institution to another unless

they meet the requirements for annual or bi-annual examinations as set forth in Chapter 2.3 *Periodic Dental Examination – Assigned Facility.*

The CD of each institution, or designee, in consultation with the CD, Division of Correctional Health Care Services, shall be responsible for tracking the scheduling and provision of screenings, examinations, and dental care for inmate-patients.

Excluded Services

Excluded dental services refer to attempted curative treatments and do not preclude palliative therapies to alleviate serious debilitating conditions such as pain management and nutritional support.

Dental services or treatment shall not be routinely provided for the following conditions:

1. Conditions that improve on their own such as:
    - Benign oral lesions.
    - Traumatic oral ulcers.
    - Recurrent apthous ulcer.
2. Conditions that are not readily amenable to treatment, including, but not limited to:
    - Shrinkage and atrophy of the bony ridges of the jaws.
    - Benign root fragments whose removal would cause greater damage or trauma than if retained for observation.
3. Cosmetic procedures, which may include, but are not limited to:
    - Removal of existing body-piercing metal or plastic rings or similar devices within the oral cavity, except for security reasons.
    - Restoration or replacement of teeth for esthetic reasons.
    - Restoration of any natural or artificial teeth with unauthorized biomaterials.
4. Surgery that is not medically necessary, which may include, but is not limited to:
    - Extractions of asymptomatic teeth or root fragments unless required for a dental prosthesis, or for the general health of the patient's mouth.
    - Removal of a benign bony enlargement (torus) unless required for a dental prosthesis.
    - Surgical extraction of asymptomatic un-erupted teeth.
5. Services that have no established outcome on morbidity or improved mortality for health conditions.
6. Root canals on posterior teeth, (bicuspids and molars), or multi-rooted canals.
7. Implants.

8. Fixed prosthodontics (dental bridges).
9. Cast or laboratory processed crowns.
10. Orthodontics.

Exceptions to Excluded Dental Services

Treatment for conditions that are excluded within these regulations *may* be provided in cases where all of the following criteria are met:

1. The inmate's attending dentist prescribes the treatment.
2. The treatment is medically necessary.
3. The service is approved by the facility's CD, and if applicable the Dental Authorization Review Committee (DAR) whose decision to approve an otherwise excluded service shall be based on:
    - Medical necessity.
    - Approved health care outcome data supporting the effectiveness of the services as medical treatment.
    - Co-existing medical problems.
    - Acuity.
    - Length of inmate's sentence.
    - Availability of service.
    - Cost.
    - Other factors